

-- Divorce and Mediation --

Personal Information Questionnaire

In order to do the best possible job on your behalf, your mediator needs your input and cooperation. At your first meeting with your mediator, you should be prepared to provide the following information:
(PLEASE USE REVERSE SIDE OF SHEET IF NEEDED?)

INFORMATION ABOUT YOU

INFORMATION ABOUT YOUR SPOUSE

Full Name _____

Date of Birth _____

Sex M _____ F _____

M _____ F _____

Social Security Number _____

Personal E-Mail: _____

Personal Cell Phone _____

State Driver's License: _____

Address, Including County

Length of Time at that Address _____ years

_____ years

Previous Address (es) (for last 10 years)

Home Telephone Number _____

Work Telephone Number _____

Facsimile Number _____

Work E-mail Address _____

Former Name(s) _____

Education: High School & College:

Religion/Church: _____

Employer _____

Position _____

Employer's Address

Length of Time with Employer _____ years _____ years

Previous Employer(s) (for last 10 years)

Gross Monthly Income \$ _____ \$ _____

Other Income

Source/Amount _____

Source/Amount _____

Source/Amount _____

Date of Current Marriage _____

Place of Current Marriage _____

Date of Separation _____

Previous Marriage(s) Yes ___ No ___ Yes ___ No ___

Ended by:

Ended by:

Death ___ Divorce ___ Date ___

Death ___ Divorce ___ Date ___

Death ___ Divorce ___ Date ___

Death ___ Divorce ___ Date ___

Children of Current Marriage

<i>Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>With Whom Residing</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children from Other Marriages or Relationships

<i>Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>With Whom Residing</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Concerns such as health of child or children:

Physical or Mental Health of Self _____

Physical or Mental Health of Spouse _____

Physical or Mental Health of Children _____

Domestic Abuse or Violence _____

Child Abuse _____

Custody or Visitation Issues _____

Financial Issues _____

Property Disputes _____

Other Important Information please note on back of this sheet:

Mountain States Mediation Services

P.O. Box 194

SMITHFIELD, UTAH 84335

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Fax 435-563-3705

Toll-free phone: 888-

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