

CALIFORNIA DIVORCE MEDIATORS

Mediation Client Information

Today's Date _____

Conflict Check	_____
Fee Paid	_____
Retainer	_____
Costs	_____

I. INFORMATION ABOUT SPOUSE/PARTNER #1

A. Name: _____

Address: _____

Phone: cell (____) _____ work (____) _____ home (____) _____

Email Address: _____

Employer: _____

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ Expiration Date: _____

II. INFORMATION ABOUT SPOUSE/PARTNER #2:

A. Name: _____

Address: _____

Phone: cell (____) _____ work (____) _____ home (____) _____

Email Address: _____

Employer: _____

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ Expiration Date: _____



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III. FACTS ABOUT YOUR CASE

A. Your Marriage/Relationship

Date of Marriage _____

Date of Separation _____

Length of Marriage _____

B. If you or the other party has already filed a case, please answer the following:

Case Number: _____

Future Court Dates: _____

C. Current/Past Representation:

Are you currently represented by an attorney in your case? _____ If yes, who:

Which attorneys/firms have previously represented you in your case?

Is opposing party represented by an attorney? _____ If yes, who?

IV. FACTS ABOUT YOUR MARRIAGE AND/OR FAMILY:

A. Your Residency:

Have you been a resident of California for the last six months? Yes No If not, please state your place of residence for the last six months: _____

B. Your Children:

Please list minor children of **this** marriage/ relationship:

Child's Name	Date of Birth	Place of Birth	Social Security Number
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_____	_____	_____	_____
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Are there any minor children from a prior marriage/relationship? Yes No

If yes, do they reside with you? Yes No

Are there any other court proceedings affecting your child(ren)? Yes No

If yes, please explain: _____

VI. HOW DID YOU HEAR ABOUT OUR OFFICE?

Referred by: Former Client: _____

Other Referral Source: _____



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