Southern Metropolitan Mediation Services

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***CONFIDENTIAL* INTAKE FORM**

*This information will not be shared with the other party unless you give your permission to*

*do so:*

Date Date of Birth / /

Name

(Please use full legal name)

Address

City/State Zip Code

Home Phone Cell Phone Fax

Employer Gross Monthly Household Income

Email address:

Current spouse/partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

***Please answer these questions as they relate to the other party.***

We are presently (circle one): Married Date of Marriage:

Separated Seeking Dissolution Divorced Never married Have filed in court?

Are you currently living with your spouse/partner? If not, how long have you

been separated/divorced? Number of children:

Please list *legal* names and birthdates of children:

NAME DATE OF BIRTH

Children are presently living with

[over]

Is there an Order for Protection or Restraining/No Contact Order currently in effect? Yes No

Was/Is there any abuse in your relationship? Yes No Please circle all that apply:

Physical Emotional Chemical Alcohol Other:

Are you comfortable meeting with the other party face-to-face?

Yes No [Evaluation interviews are usually conducted separately] Please give any explanation you feel is relevant to the situation:

Do you have any concerns about the *present physical safety* of yourself or

your children in relation to your partner? Yes No

If yes, please explain:

Have you presently retained an attorney? Yes

No

If yes, please provide:

Name

Address

Phone: Fax: Email:

If not, do you plan to retain legal counsel during the process? Yes No Please list the issues/concerns that you wish to discuss (use additional sheets as needed):

Which of these is your greatest concern?

How did you hear about Southern Metropolitan Mediation Services?