

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
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_____	_____
_____	_____
_____	_____

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?
