

MEDIATION SERVICES INFORMATION FORM

PLEASE COMPLETE THIS INFORMATION FORM. YOUR RESPONSES WILL NOT BE SHARED WITH THE OTHER PARTIES OR THE COURT.

PLEASE PRINT CLEARLY

1. Indicate if either of the following are **CONFIDENTIAL**: Address Home Phone

Your name

Telephone number

Mailing address: (Street or P.O. Box)

Second telephone number (if any)

City

State

Zip Code

Email address

2. Name of other party or parties: _____

3. Name of your attorney (if any): _____

4. May I share information and agreements with your attorney? No Yes

5. What type of case is this?

Custody

Parenting Time

Property

Child Support

Spousal Support

Other: _____

6. What issues would you like to discuss in the mediation? _____

12. How do you feel about mediating in your situation? _____

13. Is there anything that worries you about mediation? _____

Signature

Date