

Mediation and Therapy Associates

Intake for: Divorce Coach/Child Specialist for Collaborative and Divorce/Custody Mediation

Instructions: Please provide the following information to the best of your ability.

1. Husband's Full Name _____ Birthdate _____

Home Address _____

Cell Phone _____ Home Phone _____

2. Wife's Full Name _____ Birthdate _____

Home Address _____

Cell Phone _____ Home Phone _____

3. Marriage Date _____ Place _____

4. Children:

Full Name	Date of Birth	Age	Living With
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Are you and your spouse living together now? _____

If not, state date of separation? _____

6. List all prior marriages including name of prior spouse and how, when and where prior marriage terminated.

7. Who referred you to Mediation and Therapy Associates? _____

8. Date you completed this form _____