

Mediation Questionnaire

INSTRUCTIONS: Please provide all of the following information to the best of your ability, even though it may duplicate what the other party may provide. Please use ink to fill out this questionnaire.

1. Your Name _____ (Maiden Name) _____
Birth Date _____ Place of birth _____
Street Address _____ Home Phone _____
City _____ State _____ Country _____ Zip _____
Workplace _____ Work Address _____
City _____ State _____ Zip _____ Phone _____
Continuous Residence in _____ (state) since _____ Social Sec. # _____
Do you request to have your maiden name restored? Yes _____ No _____
Email Address: _____
2. Marriage Date _____ Place _____
3. CHILDREN (list full names) Birth Date: Age: SS #s:

4. Are you and the other party living together? Yes _____ No _____
If not, please give the date of separation: _____
5. Are you employed? Yes _____ No _____ Employer _____
Position _____ Employed since _____ Salary _____

H.S. Diploma_____ College Degree/Certificates_____
Major/Year_____ Continuous employment since?_____

6. Name of Spouse_____ (Maiden Name)_____
- Birth Date_____ Place of birth_____
- Street Address_____ Home Phone_____
- City_____ State_____ Country_____ Zip_____
- Workplace_____ Work Address_____
- City_____ State_____ Zip_____ Phone_____
- Continuous Residence in _____(state) since_____ Social Sec. #_____
- Do your spouse request to have her maiden name restored? Yes_____ No_____
7. Is your spouse employed? Yes_____ No_____ Employer_____
- Position_____ Employed since_____ Salary_____
- Educational status_____ Continuous employment since_____
8. List all prior marriages (include name of prior spouse, and when and where marriage was terminated)
- _____
- _____
- _____
9. List names and ages of any children from prior marriages and state with whom these children live
- _____
- _____
- _____
10. Do you have an interest in reconciliation? Yes_____ No_____
11. Is there a dispute involving the children? Yes_____ No_____
12. Have you had marriage or family counseling? Yes_____ No_____
- If yes, with whom?_____

13. Are you presently in therapy or counseling? Yes_____ No_____
- If yes, with whom?_____
14. Attorney's Name_____ Phone_____
- Address_____ Fax_____
15. Are there joint bank accounts to which your spouse has access? Yes_____ No_____
16. Does your spouse have credit cards for which you are responsible? Yes_____ No_____
- If yes, specify_____
17. Who referred you?_____
- Address_____
- Do you have any objection to our acknowledging this referral? Yes_____ No_____
18. Date you completed this form_____

ASSETS AND LIABILITIES: Please list the value of each of the following items of property. If you are unable to obtain the exact present value, estimate what you think the value may be. If any item is located in a state other than which you live, indicate where such item is located; if necessary, give details on a separate sheet. Please indicate items acquired by gift, inheritance, or prior marriage by marking with an asterisk(*). **Bring the statement or other document that verifies the value so that copies can be made for your spouse and the mediation file.**

Be sure to list the names and account numbers of all the items and the legal descriptions of real estate. This information is important in identifying the items and is necessary for inclusion in your legal papers.

LIST APPROPRIATE INFORMATION AS COMPLETELY AS POSSIBLE

ASSETS:

A. Bank Accounts

Bank Name:	Account No.:	Balance:	Owner:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Accounts Receivable, Notes, Loans Made to Others, Etc.

Due From:	Balance Due:	Owner:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Stocks and Bonds
(List company, number of shares, value per share today, total value of stock, and owner)

Company Name:	Number of Shares:	Value/Share:	Total Value:	Owner:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Real Estate
Homestead:

Address_____

Legal Description:_____

Date of Purchase:_____ Purchase Price:_____

Mortgage through:_____ Account No.:_____

Appraised Value:_____ Appraised By:_____

Special Information:_____

Other Real Estate:

Address_____

Legal Description:_____

Date of Purchase:_____ Purchase Price:_____

Mortgage through:_____ Account No.:_____

Appraised Value:_____ Appraised By:_____

Special Information:_____

Other Real Estate:

Address_____

Legal Description:_____

Date of Purchase:_____ Purchase Price:_____

Mortgage through:_____ Account No.:_____

Appraised Value:_____ Appraised By:_____

Special Information:_____

E. Life Insurance

Company:	Account No.:	Face Value:	Cash Value:	Insured/Beneficiary:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Where are the policies located?_____

F. Business Interests

Please furnish last balance sheet, P&L statement, tax return, buy-sell agreements, etc.

Name of business:_____ Location:_____

Owned Since:_____ % Ownership:_____

Appraised By:_____ Appraised Value:_____

Special Information:_____

Name of business:_____ Location:_____

Owned Since:_____ % Ownership:_____

Appraised By:_____ Appraised Value:_____

Special Information:_____

G. Miscellaneous Property

(Patents, trademarks, copyrights, royalties - Please furnish last statement and descriptive booklet):

Description:	Value:	Owner:
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Automobiles and Other Vehicles

Vehicle Make & Year:_____ NADA Value:_____

Loan With:_____ Acct. #:_____ Amount:_____

VIN # _____

Vehicle Make & Year:_____ NADA Value:_____

Loan With:_____ Acct. #:_____ Amount:_____

VIN # _____

Vehicle Make & Year:_____ NADA Value:_____

Loan With:_____ Acct. #:_____ Amount:_____

VIN # _____

I. Pension, Profit Sharing, IRA, and Other Retirement Plans

Plan Name:	Acct. #:	Value:	Owner:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

J. Personal Property, Furnishings, Etc. (Attach lists if necessary)

Specific Items:	Value:	Disposition:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

K. Income Tax Refunds/Amounts Due

State:_____	Year:_____	Refund Due:_____	Amount Owed:_____
Federal:_____	Year:_____	_____	_____
Special Information:_____			

L. Liabilities: (Add lists if necessary)

Loans owed to:	Acct. #:	Amount Due:	Whose Account:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Debts: (Medical, Dental, Charge Accounts, etc.)	Acct. #:	Amount Due:	Whose Account:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Monthly Income

Income: (Please supply most recent pay stub)

1. How often do you receive paychecks?

Every other week? Yes_____ No_____

Twice a month? Yes_____ No_____

How many exemptions do you claim? _____

2. Earned income:

Gross salary per paycheck _____

Federal tax deduction _____

State tax deduction _____

FICA deduction _____

Mandatory pension deduction _____

Medical insurance deduction _____

Life insurance deduction _____

Other deductions _____

3. Net income per paycheck _____

4. Net income figured on a monthly basis:

If paid twice a month, multiply #3 by two: _____

If paid every other week, multiply #3 by 26
and divide by twelve: _____

5. Other income amortized by month:

Dividend income _____

Interest income _____

Income from trusts _____

Rental income	_____
Pension	_____
Social Security	_____
Other income (describe)	_____
<i>Total Other Income</i>	_____
Total Monthly Income (Net Pay Plus Other Income):	_____

Monthly Expenses

Item	Self	Children
Rent		
Rental Insurance		
Mortgage Payment		
(Principle)_____ (if known)		
(Interest)_____ (if known)		
Real Estate Taxes		
Homeowner=s Insurance		
Second Mortgage/Home Equity Line		
Contract for Deed		
Association Fee		
Electricity		
Heat		
Water		
Garbage		
Telephone		

Cable TV		
Cellular Phone		
Home Maintenance and Repair		
House Cleaning		
Lawn Care		
Snow Removal		
Other Property		
Contract for Deed		
Insurance and Taxes		
Maintenance		
Utilities		
Food/Groceries		
Lunches		
Eating Out		
Other Household Supplies		
Clothing		
Dry Cleaning/Laundry		
Medical Insurance		
Uncovered Medical Expenses		
Prescriptions		
Dental Insurance		
Uncovered Dental Costs		
Orthodontia		
Eye Care		
Automobile Payment		
Gas/Oil		
Maintenance/Repairs		

Auto Insurance		
License		
Parking		
Life/Disability Insurance Premiums		
Recreation/Entertainment		
Vacations/Travel		
Newspapers/Magazines		
Dues/Clubs		
Personal Items/Incidentals		
Hair Care		
Child Care - Day Care		
Babysitting		
Children=s School Expenses		
Books/Supplies		
Activity Fees		
Allowances		
Nonschool Classes		
Sports Fees		
Clubs		
Pet Expenses		
Contributions/Religious/Charity		
Gifts		
Other Miscellaneous		
Monthly Debt Reduction		
TOTAL MONTHLY NEED		
TOTAL MONTHLY NET INCOME		
SURPLUS/SHORTFALL		

Household Furnishings and Personal Property Form

[illegible]

