**CLIENT INFORMATION**

(one per party)

**HOW DID YOU HEAR MY SERVICES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_

Street Address City, State Zip

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_ Work Authorized to leave message with:

\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ Home E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County & State of Marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marriage Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Separation Date\_\_\_\_\_\_\_\_\_\_\_

Fla. resident for \_\_\_\_\_\_ years

**CHILDREN**:

**Name Sex Date of Birth .**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Is wife pregnant? \_\_\_\_\_\_\_ Expected date of delivery \_\_\_\_\_\_\_\_\_\_\_\_\_

Does wife want her maiden name restored? \_\_\_\_\_ Yes \_\_\_\_\_\_\_No.

If yes, what is maiden name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child(ren)’s Residence for the past 5 years:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates:**  **(From/To)** | **Address (including city and state) where child lived** | **Name and present address of person child lived with** | **Relationship to child** |
| /present |  |  |  |
| / |  |  |  |
| / |  |  |  |

**ISSUES TO BE ADDRESSED AT MEDIATION**

\_\_\_\_\_\_ Child Custody Arrangement

\_\_\_\_\_\_ Child Support

\_\_\_\_\_ Allocation of Day Care Expense

\_\_\_\_\_ Allocation of Medical Insurance

\_\_\_\_\_ Allocation of Uncovered Medical Expense

\_\_\_\_\_ Allocation of Tax Deduction

\_\_\_\_\_ Allocation of Extracurricular Activities

\_\_\_\_\_ Allocation of College Expense

\_\_\_\_\_ Life insurance to be provided by one or both spouses

\_\_\_\_\_ Equitable Division of Assets and Debts

\_\_\_\_\_ Marital Home

\_\_\_\_\_ Other Real Property

\_\_\_\_\_ Vehicles

\_\_\_\_\_ Bank or Investment Accounts

\_\_\_\_\_ IRA or Retirement Accounts

\_\_\_\_\_ Tax Issues

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Alimony

\_\_\_\_\_ permanent alimony

\_\_\_\_\_ rehabilitative alimony

\_\_\_\_\_ bridge the gap alimony