

**DOMESTIC MEDIATION APPLICATION FORM**

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DAY TIME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DAY TIME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MARRIAGE DATE \_\_\_\_\_ PLACE \_\_\_\_\_

**CHILDREN:**

FULL NAME	D.O.B.	NOW LIVING WITH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IS THE WIFE NOW PREGNANT? \_\_\_\_\_ LIVING TOGETHER NOW? \_\_\_\_\_

IF NOT, GIVE DATE OF SEPARATION \_\_\_\_\_

WIFE'S EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

HUSBAND'S EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

IS THERE A DISPUTE ABOUT THE CHILDREN? \_\_\_\_\_

ARE THERE ANY NO CONTACT ORDERS IN EFFECT OR COURT CASES PENDING? \_\_\_\_\_  
Please explain. \_\_\_\_\_

ANTICIPATE SIGNIFICANT DISPUTE OVER PROPERTY DIVISION OR ALIMONY? \_\_\_\_\_  
Please explain. \_\_\_\_\_

WIFE'S ATTORNEY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HUSBAND'S ATTORNEY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_

DAYS/HOURS AVAILABLE FOR APPOINTMENTS? \_\_\_\_\_

IS THERE OTHER RELEVANT INFORMATION YOU THINK WE SHOULD HAVE?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_