



**Children**

Full Name                      Date of Birth              Age   Sex   Name of Other Parent

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Are there any significant health problems with the children?

No \_\_\_\_ Yes \_\_\_\_\_

Please describe the patterns of visits or shared parenting for any children relevant to this mediation:

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**Legal Status**

Are there any court proceedings pending? \_\_\_\_ No \_\_\_\_ Yes

Are there any court orders in effect regarding this matter? \_\_\_\_ No \_\_\_\_ Yes

If yes, describe \_\_\_\_\_

Have you consulted or retained an attorney? \_\_\_\_ No \_\_\_\_ Yes

If yes, your attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Other**

Have you sought counseling prior to coming to mediation? \_\_\_ No \_\_\_ Yes

If yes, name of counselor or therapist: \_\_\_\_\_

In the last 12 months, has there been any physical violence between you and the other party? \_\_\_ No \_\_\_ Yes

Please describe any significant health problems you have:

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

Who referred you to Eileen Barker?

\_\_\_\_\_ Yellow pages

\_\_\_\_\_ Friend

\_\_\_\_\_ Spouse/Partner

\_\_\_\_\_ Lawyer (Name: \_\_\_\_\_)

\_\_\_\_\_ Therapist (Name: \_\_\_\_\_)

\_\_\_\_\_ Other: \_\_\_\_\_