

CLIENT INFORMATION

(one per party)

HOW DID YOU HEAR MY SERVICES: _____

Name

First Middle Last

Address

Street City State Zip

Birthdate _____ Age _____ SS# _____

Phone _____ Work Authorized to leave message with:

_____ Cell _____

_____ Home

E-mail : _____

Marriage Date _____ City, County & State of Marriage

Separation Date _____

Fla. resident for _____ years

CHILDREN:

Name **Sex** **Birthdate** **Social Security No.**

Is wife pregnant? _____ Expected date of delivery _____

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

Does wife want her maiden name restored? _____ Yes _____ No.

If yes, what is maiden name? _____