

# LEGAL ALTERNATIVES

MEDIATION & ALTERNATIVE DISPUTE RESOLUTION

## DOMESTIC MEDIATION PRE-SCREENING INFORMATION FORM

Please complete this information form. Your responses will not be shared with the other party(ies) or the court.

### GENERAL CASE INFORMATION

What type of legal action is this? \_\_\_ divorce/dissolution \_\_\_ custody/parenting time \_\_\_ other

Is mediation: (check one) \_\_\_ court ordered \_\_\_ by agreement?

Do you have a court date scheduled? \_\_\_\_\_ (yes/no) If yes, when? \_\_\_\_\_  
(date)

Is there a court order (temporary or final) currently in effect? \_\_\_\_\_ (yes/no)

If yes, issued by \_\_\_\_\_ on \_\_\_\_\_  
(court/judge/case No.) (date)

Is there a Civil Protection Order or Temporary Protection Order currently in effect? \_\_\_\_\_ (yes/no)

If yes, issued by \_\_\_\_\_ on \_\_\_\_\_  
(court/judge/case No.) (date)

**\*\*In addition to this form, please scan/email your assigned mediator copies of any/all *current* court orders that pertain to your matter, including but not limited to: court order referring the case to mediation, Civil Protection Order (or other order of protection), Temporary Orders, Judgment Entry – Decree of Divorce, Decree, Separation Agreement, Shared Parenting Plan, Child Support Order, Deviation Entry, etc.**

### PERSONAL INFORMATION

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number (best number to reach you) \_\_\_\_\_  
circle: cell/home/work

E-mail Address \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_

Are you represented by an attorney? \_\_\_\_\_ (yes/no) If yes, please fill out their contact information:

Attorney's Name: \_\_\_\_\_

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

(street)

(suite)

\_\_\_\_\_

(city)

(state)

(zip)

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

May we share information and agreements with your attorney? \_\_\_\_\_ (yes/no)

YOUR CURRENT EMPLOYMENT

Employer \_\_\_\_\_ Title/Position \_\_\_\_\_

Length of Employment \_\_\_\_\_ Retirement Benefits (401K, IRA, etc.) \_\_\_\_\_  
approx. balance

Health Insurance Benefits Through Your Employer \_\_\_\_\_  
name of insurance

Annual Salary/Wages \_\_\_\_\_

Avg. Annual Commission, Overtime, Bonus Income \_\_\_\_\_

OPPOSING PARTY'S INFORMATION

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
circle: cell/home/work

SSN \_\_\_\_\_ DOB \_\_\_\_\_

OPPOSING PARTY'S EMPLOYMENT INFORMATION

Employer \_\_\_\_\_ Title/Position \_\_\_\_\_

Length of Employment \_\_\_\_\_ Retirement Benefits (401K, IRA, etc.) \_\_\_\_\_  
approx. balance

Health Insurance Benefits Through Their Employer \_\_\_\_\_  
name of insurance

Annual Salary/Wages \_\_\_\_\_

Avg. Annual Commission, Overtime, Bonus Income \_\_\_\_\_

MARRIAGE/LENGTH OF RELATIONSHIP

Date of Current Marriage (or if not married, length of relationship) \_\_\_\_\_

Location of Marriage \_\_\_\_\_

Prior Marriage(s) (either party):

\_\_\_\_\_  
Full name(s) of previous spouse(s), Date of Marriage(s), Date of Divorce/Dissolution

CHILDREN

Names & Dates of Birth of Each Child At Issue (and/or a minor child who resides with either you or the opposing party for any length of time)

Full Name:	DOB:
_____	_____
_____	_____

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With whom are the child(ren) living? \_\_\_\_\_

Who has legal custody of the child(ren)? \_\_\_\_\_

Has Children's Services been involved with the family? \_\_\_\_\_ (yes/no)

HOW DID YOU LEARN ABOUT LEGAL ALTERNATIVES, LLC?

\_\_\_ Family Member/Friend \_\_\_\_\_  
name of person

\_\_\_ Internet

\_\_\_ Advertisement

\_\_\_ Court Ordered     \_\_\_ Other (please specify how \_\_\_\_\_)

May We Contact and Thank the Referral Source? \_\_\_\_\_ (yes/no)

\*If you prefer **not** to be contacted at your address/e-mail address and/or phone number provided above, please state the best way we can communicate with you and provide alternative address(es) and/or telephone number(s) \_\_\_\_\_

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Admin Notes: