

INTAKE FORM

(Please complete as accurately as possible and please print.)

Date : _____ Referred by _____

Your Name: _____

Mailing Address: _____

Phones: (W) _____ (H) _____ (mobile) _____

Place of Employment: _____

Date of Birth: _____

E-mail address: _____

Attorney's name: _____

Other Party's Name: _____

Mailing Address: _____

Phones: (W) _____ (H) _____ (mobile) _____

Place of Employment: _____

Date of Birth: _____

E-mail address: _____

Attorney's name: _____

Date of Marriage (if applicable): _____ City: _____ State: _____

Separation or Dissolution Date (if applicable) _____

Children of the Marriage or Relationship:

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Confidential Personal Information

Your responses to this portion of the questionnaire will not be shared with other parties to the mediation. However, the issue of violence may be discussed in order to make a determination about whether to proceed with mediation. If you have any questions or concerns about this questionnaire, or wish to receive information about domestic violence, please call me. (881-2021).

1. If you are contemplating marital dissolution or a legal separation, have you filed a Petition/Response? _____
2. If yes, has your spouse been served? _____ If yes, date of service? _____
3. Are you seeing a counselor? _____
4. Do you have an interest in reconciliation? _____
5. Do you have credit cards of which your spouse is unaware? _____ If yes, list each along with the amount owed _____
6. Do you feel that you can talk openly and honestly during the mediation? _____
7. Are there any areas or topics that you would be afraid to discuss?

8. Do you feel that you can express different or opposing viewpoints if that is necessary during the mediation? _____
9. Has the other party to the mediation ever slapped, pushed, hit, punched, kicked, pulled your hair, used or threatened to use a weapon on you or forced you to engage in sexual activities against your will? _____
10. Has the other party to the mediation ever damaged or destroyed or taken any of your, or your children's belongings? _____
11. Do you have concerns about the other party's use of drugs or alcohol? _____

12. Has the other party to the mediation, or have you, ever threatened or attempted to commit suicide? _____

13. Do you have any current concerns about your safety or the safety of your children?

14. Is there any other information you feel I should be aware of prior to commencement of the mediation?

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