

Mediation Intake Form

Confidential: Not to be Shared with the Other Party. Please Print.

(Note: We need to assess the level and potential of any abuse (if any) in the martial relationship and establish boundaries about safety before issues can be mediated)

Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Name of Employer _____ Position _____

Full Time Part Time Number of Years Employed _____ Date of Birth _____

Name of Spouse _____

Date and City of Marriage _____ Date of Separation _____

Names and Ages of Children _____

With whom are the children living? _____

Was abuse present in the marriage relationship? Yes No

If so, Physical Emotional Chemical Other _____

Is there an Order for Protection or Restraining Order? _____

Have you had, or are you now in counseling, therapy and/or treatment program? Yes No If Yes, what kind, with whom and for how long? _____

Do you have an attorney? Yes No If Yes, who? _____

Retained Consulting

How did you find out about us? _____

If referred by an individual, may we send them a thank you note? Yes No

Area of greatest concern about the divorce _____

Please return to:

Steve McBride, Steve McBride LLC, 5600 Greenwood Plaza Blvd, Ste 255, Greenwood Village, CO 80111
Phone: 303 867 1400 FAX 303 800 8230 Email: steve@divorcefinancecolorado.com