

Focusing on Solutions not problems

Oliver Ross, J.D.*, Ph.D.
Director of Mediation Services

CONFIDENTIAL CLIENT INTAKE INFORMATION

Date:

Name (First, Middle, Last):	
Street Address:	Apt. #:
City:	State: ZIP:
Home Telephone:	Cell Telephone:
Email:	Secondary Email:
Spouse's Name (First, Middle, Last):	
Spouse's Street Address:	Apt. #:
City:	State: ZIP:
Spouse's Home Telephone:	Spouse's Cell Telephone:
Spouse's Email:	Spouse's Secondary Email:
Separated: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date:	Initiator: <input type="checkbox"/> Self <input type="checkbox"/> Spouse Interest in Reconciliation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney:	Attorney's Telephone:
Counselor:	Counselor's Telephone:
Court Actions that have been filed: <input type="checkbox"/> Restraining Order <input type="checkbox"/> Order of Protection <input type="checkbox"/> Separation <input type="checkbox"/> Divorce	How did you find out about Out-of-Court-Solutions?

*Maricopa County Association of Family Mediators, Member
Maricopa County Superior Court Family Mediation Roster, Member
Academy of Professional Family Mediators, Advanced Practitioner Member
*Admitted to practice law in California only
Arizona Certified Legal Document Preparer*

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CONFIDENTIAL CLIENT INTAKE INFORMATION CONTINUED...

Information about your child(ren) from this marriage

Complete Name	Date of Birth	Age	Primary Residence
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Children told about <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is wife currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been married previously? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete the following information about your child(ren) from your previous marriage			
Complete Name	Date of Birth	Age	Primary Residence
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse

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