

RITA ROS-PLANAS, ESQUIRE
Divorce Mediator
Attorney and Counselor at Law
Bachelor's and Master of Science in Psychology

MEDIATION INTAKE FORM

Husband

Name: _____

Address: _____

Telephone: (home) _____ (work) _____

Date of birth: _____ Social Security No. _____

Level of education: _____

Place of employment: _____

Work address: _____

Job title: _____

Nature of job: _____

Employed since: _____

Gross yearly salary and income from all sources for the past three years: _____

Date and place of current marriage: _____

If now living separately,
Date and place of separation: _____

If there are children of this marriage are you able
to cooperate in discussing plans for them?

Names and ages: _____

Prior marriages (Please provide the
name(s) of the previous spouse(s) and how,
when and where the marriage terminated.) _____

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If married previously,
were there children? _____
If so, please list names ages and with whom they live. _____
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Have you an interest in reconciliation? _____

Who has physical custody of the children at this time? _____

Do you have a divorce attorney?
If so, please provide name and telephone number. _____

Are you currently seeing a counselor or psychotherapist?
If so, please provide name and telephone number. _____

Are the children seeing a therapist? _____

Do you have a Will? _____

How did you learn of my work
as a mediator? _____

What do you expect mediation
to do for you? _____

Which one of you has made
the decision to separate
and divorce? _____