

# 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 of Marriage \_\_\_\_\_ City & State of Marriage \_\_\_\_\_

Names and Ages of Children \_\_\_\_\_

If Petition is filed, with which Court? \_\_\_\_\_ Case Number \_\_\_\_\_

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

Areas of greatest concern about the divorce

\_\_\_\_\_

Please return to:

Steve McBride, Steve McBride LLC, 7955 E Arapahoe Court, Ste 3000, Centennial, CO 80112  
Phone: 303 867 1400 FAX 303 800 8230 Email: steve@divorcefinancecolorado.com