

**FAMILY MEDIATION SERVICES, INC.
David S. Goldberg, Attorney-Mediator**

**421 Tschiffely Square Road
Gaithersburg, MD 20878-5758
Phone: 301-947-0500 Fax: 301-947-0501**

**121 Congressional Drive
Stevensville, Maryland 21666
Phone: (410) 643-1902 Fax: (301) 947-0501**

Email: marylandmediator@gmail.com

CONFIDENTIAL MEDIATION INFORMATION DATA SHEET

For best results, your screen resolution should be set to a minimum size of 1024 x 768 pixels.

Right click on the Destop, then click Properties, then select the Settings tab, then adjust the screen resolution, click Apply then OK.

Please take the time necessary to complete this form. It has been designed to obtain essential information necessary to a successful mediation. Your spouse will not be given a copy of this Data Sheet.

Instructions: Type your responses starting with the first underlined field, and tab to reach the next field. You can always go back to a field by clicking on it. Print and/or save this document to disk and bring to Family Mediation Services, Inc.

1. HUSBAND:

(a) Full Name:
Age:

(b) Date of Birth:
Place of Birth:

(c) Present Address:
Zip:

How long at this address?

What state do you claim as your domicile?

(d) Home Phone:
Work Phone:

(e) Prior Addresses:

(f) Occupation:

(g) Duties:

(h) Primary Employer:

Address:

Length of time at present primary employment:

(i) Is employer aware of domestic problems?

(j) Other Present Employment (part-time, military, 2nd job, etc.)

Employer:

Address:

Employment history last five (5) years:

(k) Health:

Present illnesses:

Recent operations:

Physical, mental or emotional disabilities:

General condition of health:

Name & address of all physicians consulted within last 2 years:

(l) Education:

Summary:

Presently in school?

Where:

Course of Study:

Intended Date of Completion:

Other training:

(m) Job skills:

Equipment you can operate:

(n) Race and Ethnic Origin:

(o) Citizen of what country?

(p) Religious affiliation:

(q) Social Security Number:

(r) If not presently employed, when do you plan to return to work?

What efforts have you made to find employment?

(s) Has any health condition ever resulted in a refusal of any life or health insurance company to provide coverage, or in an award of disability insurance of any kind? If so, please provide all relevant information.

(t) State the names and addresses of all lawyers, accountants, tax advisors, financial counselors, stockbrokers, or other professional advisors who have been consulted in the past five (5) years.

2. WIFE:

(a) Full Name:

Age:

Maiden Name:

(b) Date of Birth:

Place of Birth:

(c) Present Address:

Zip: _____
How long at this address? _____
What state do you claim as your domicile? _____

(d) Home Phone: _____
Work Phone: _____

(e) Prior Addresses: _____

(f) Occupation: _____

(g) Duties: _____

(h) Primary Employer: _____
Address: _____
Length of time at present primary employment: _____

(i) Is employer aware of domestic problems? _____

(j) Other Present Employment (part-time, military, 2nd job, etc.) _____
Employer: _____
Address: _____

Employment history last five (5) years: _____

(k) Health: _____
Present illnesses: _____
Recent operations: _____
Physical, mental or emotional disabilities: _____

General condition of health: _____

Name & address of all physicians consulted within last 2 years: _____

(l) Education:

Summary:

Presently in school?

Where:

Course of Study:

Intended Date of Completion:

Other training:

(m) Job skills:

Equipment you can operate:

(n) Race and Ethnic Origin:

(o) Citizen of what country?

(p) Religious affiliation:

(q) Social Security Number:

(r) If not presently employed, when do you plan to return to work?

What efforts have you made to find employment?

(s) Has any health condition ever resulted in a refusal of any life or health insurance company to provide coverage, or in an award of disability insurance of any kind? If so, please provide all relevant information.

(t) State the names and addresses of all lawyers, accountants, tax advisors, financial counselors, stockbrokers, or other professional advisors who have been consulted in the past five (5) years.

3. MARRIAGE

(a) Ceremony:

Where:

Date:

(b) Any reason to believe the marriage may be invalid?
If so, please explain:

(c) Common Law Marriage?

4. PRIOR MARRIAGES

(a) Husband:

Name of former wife:

Date of Divorce:

Names and ages of all children of former marriage:

Do you pay child support or alimony to your former spouse or do you receive child support from her? Please provide details:

(b) Wife:

Name of former husband:

Date of Divorce:

Names and ages of all children of former marriage:

Do you pay child support or alimony to your former spouse or do you receive child support from her? Please provide details:

5. CHILDREN OF PRESENT MARRIAGE

(a) Name: _____
Nickname: _____
Indicate if natural or adopted: _____
Sex: _____
Date of Birth: _____
Emancipated? (Yes or No) _____
Presently living with: _____
Name of present school: _____
Grade level: _____
Plans to attend college: _____
If so, when will college commence? _____
Scholarship or financial aid? _____
Health: General condition: _____
Special needs? (Yes or No) _____
Explain if yes: _____

Physical, mental or emotional disabilities: _____

Name & address of all physicians consulted within last 2 years: _____

Social Security Number: _____

(b) Name: _____
Nickname: _____
Indicate if natural or adopted: _____
Sex: _____
Date of Birth: _____
Emancipated? (Yes or No) _____
Presently living with: _____
Name of present school: _____
Grade level: _____
Plans to attend college: _____
If so, when will college commence? _____
Scholarship or financial aid? _____
Health: General condition: _____
Special needs? (Yes or No) _____
Explain if yes: _____

Physical, mental or emotional disabilities:

Name & address of all physicians consulted within last 2 years:

Social Security Number:

(c) Name:

Nickname:

Indicate if natural or adopted:

Sex:

Date of Birth:

Emancipated? (Yes or No)

Presently living with:

Name of present school:

Grade level:

Plans to attend college:

If so, when will college commence?

Scholarship or financial aid?

Health: General condition:

Special needs? (Yes or No)

Explain if yes:

Physical, mental or emotional disabilities:

Name & address of all physicians consulted within last 2 years:

Social Security Number:

(d) Name:

Nickname:

Indicate if natural or adopted:

Sex:

Date of Birth:

Emancipated? (Yes or No)

Presently living with:

Name of present school:

Grade level:

Plans to attend college:

If so, when will college commence?

Scholarship or financial aid?

Health: General condition:

Special needs? (Yes or No)

Explain if yes:

Physical, mental or emotional disabilities:

Name & address of all physicians consulted within last 2 years:

Social Security Number:

[For additional children click on the "Add Children" Tab on the bottom of this Excel file. Do not forget to print this page if used.]

6. ADDITIONAL INFORMATION RE: CHILDREN

(a) If any child is married, state the name of his or her spouse, their current address, and the names and dates of birth of all grandchildren:

(b) State the amount, source, and the frequency of income of any minor child, for example, employment income, annuities or trusts, etc.

(c) What plans, if any, are you or any other family member making for the college education of your children?

How much, if any, has been accumulated?

(d) Is there any special information we should know concerning the children?

(e) Have you or your spouse ever been accused of physical or sexual child abuse? If so, please explain:

(f) Do you anticipate a dispute concerning custody? If so, please explain:

(g) Do you anticipate a dispute concerning visitation? If so, please explain.

(h) What do you consider to be reasonable visitation?

(i) Do you feel that you are a fit person to exercise legal and physical custody of your children? Please explain.

(j) Do you feel that your spouse is a fit person to exercise legal and physical custody of your children? Please explain.

7. SEPARATION:

(a) Date of separation:

(b) Reasons:

(c) Residence at the time of separation:

(d) Residences following separation:

(e) Witnesses to separation:

(f) Present arrangements for custody, child support, alimony, etc.?

(g) Is this the first time you have been separated?

If not, please describe circumstances of prior separations:

(h) Since your separation, have you and your spouse made any efforts to reconcile? If so, explain the circumstances.

(i) What do you consider to be the major cause(s) of your marital difficulties: (Please indicate Yes or No)

Personality Differences

Physical Cruelty

Mental Cruelty

Sexual Problems

Financial Problems

Lack of Communication

Immaturity

Inconsiderate Behavior

Adultery

Indifference by Spouse Toward Marriage

Alcohol Abuse

Drug Abuse

Mental Illness

Child Rearing Disagreements
Abuse of Children
Cultural Differences
Religious Differences
General Incompatibility

(j) Do you have any reason to fear violence by your spouse?
Please explain:

8. MILITARY SERVICE:

(a) Have you or your spouse ever served in the Armed Forces of the United States? If so, state the branch of service, the component, the service number, the highest rank attained, and the dates of both active and reserve duty:

(b) If either party sustained any service connected disability, state the nature of the disability, the percentage of disability or impairment, and the V.A. claim number:

(c) Identify any monthly or other periodic compensation you or your spouse is receiving from any branch of the Armed Forces, and the nature of the payment:

(d) What state do you or your spouse claim as your home state(s)?

(e) How many years of creditable military service do you or your spouse have in the Armed Forces?

9. CIVIL SERVICE EMPLOYMENT:

(a) Have you or your spouse every been employed by the Federal or any State government (including local school boards)?

(b) If so, identify the governmental agency, the highest grade and step reached, and the highest salary received.

(c) If either party participates or participated in any retirement programs (such as CSRS or FERS), identify the nature of the program and state the applicable service computation date, if known.

10. LIFE & ACCIDENT INSURANCE:

(a) Husband as insured party:

Insurer:

Amount:

\$0.00

Term or Whole Life:

Beneficiary:

Insurer:

Amount:

\$0.00

Term or Whole Life:

Beneficiary:

Insurer:

Amount:

\$0.00

Term or Whole Life:

Beneficiary:

(b) Wife as insured party:

Insurer:

Amount:

\$0.00

Term or Whole Life:

Beneficiary:

Insurer:

Amount:

\$0.00

Term or Whole Life:

Beneficiary:

Insurer:

Amount:

\$0.00

Term or Whole Life:

Beneficiary:

11. HEALTH INSURANCE:

List all health insurance plans covering either party or the children, including medical and hospitalization insurance, dental insurance, vision insurance, and health maintenance organization (HMO), or similar plans providing medical care. In each case state the name of the insurance company or HMO, the policy or I.D. number, the type and extent of coverage, and the person(s) covered by the plan.

12. WILLS, POWERS OF ATTORNEY, AND TRUSTS:

(a) Husband:

Will in existence: (Yes or No)

Location of Will:

Date Executed:

Power of Attorney executed: (Yes or No)

If so, name of attorney-in-fact:

Trust in existence: (Yes or No)

Date Trust executed:

Name of Trustee(s):

Terms of Trust:

(b) Wife:

Will in existence: (Yes or No)

Location of Will:

Date Executed:

Power of Attorney executed: (Yes or No)

If so, name of attorney-in-fact:

Trust in existence: (Yes or No)

Date Trust executed:

Name of Trustee(s):

Terms of Trust:

(m) Business Agreements:

(n) Notes and Obligations:

(o) Tax Returns for Prior Years:

(p) Cancelled Checks:

(q) Jewelry:

(r) Coin & Stamp Collections:

(s) Other Valuables (explain)

(t) Business Accounting Records:

(u) Other:

14. Have you had any dealings with your spouse's attorney? If so, state the name and address of the attorney and the nature of your dealings.

15. Have you and your spouse participated in any marriage counseling? If so, state the name(s) of the counselor(s), the period of time when counseling took place, and the results:

16. Do you or your spouse have any interest in a reconciliation? If so, what actions has either party taken toward such a reconciliation?

17. Have creditors been notified of your marital difficulties? If so, identify the creditors and state the manner in which notice was given.

18. State the location, account numbers, and present balance of any bank accounts to which your spouse has access.

19. List any credit cards in the possession of your spouse for which you are responsible.

20. List any credit cards in your possession for which your spouse is responsible.

21. Do you and your spouse have any lines of credit, equity line loans, or similar accounts, from which additional withdrawals can be made? If so, identify the nature of the account and the balance which can be withdrawn.

22. Have you and your spouse made any arrangements or agreements, written or oral, with respect to the division of your real and/or personal property? If so, state the nature of such agreement. If such agreement is in writing, please furnish a copy. If no agreement has been made, what items do you think will be in dispute?

23. Have you and your spouse made any arrangement or agreements, written or oral, with respect to the payment of alimony, or with respect to child custody, child support, or visitation, or related matters? If so, state the nature of the agreement. If such agreement is in writing, please furnish a copy. If no agreement has been made, what items do you think will be in dispute?

24. Do you owe your spouse or any member of your spouse's family any money, or vice versa? If so, state the amount owed, the person(s) to whom it is owed, the reason for the debt, and whether or not such debt is evidenced by any written instrument.

25. Is any litigation, civil or criminal, involving you and your spouse now pending in any court? If so, please explain.

26. Have you and your spouse ever previously been involved as a plaintiff or as a defendant in any litigation, civil or criminal (for example, breach of contract, malpractice, auto negligence, worker's compensation, assault and battery, domestic violence, non-support, trespass, harassment, etc.)? If so, please explain the circumstances and the disposition.

27. Have you or your spouse ever filed a Petition for Bankruptcy? If so, state the name of the Court and the date of discharge.

28. Do either you or your spouse have any criminal record of any type, including arrests which did not result in conviction, dispositions which involved probation before verdict, or the like? If so, please provide as much information as possible.

29. Have you or your spouse now have, or have you ever had, any alcohol or drug abuse problem? If so, please explain.

30. Do you or your spouse expect to receive any gift, inheritance or bequest? If so, state the expected amount, the expected date, and the identity of the donor.

31. Have you or your spouse ever sought psychiatric care? If so, state when, the name of the mental health provider, and the results.

32. Have you at any time been physically assaulted by your spouse, or have you ever physically assaulted your spouse? If so, explain the circumstances including time, place, witnesses, injuries sustained, medical attention required, etc.

33. Do you have any special tax problems which should be considered? If so, please explain.

34. State the amount and source of all financial help you have received from friends, from members of your family or from others. In each case state whether the financial help was a gift or a loan.

35. Who referred you to our office?

36. Date you completed this form:

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