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FAMILY MEDIATION INTAKE FORM

This document is strictly confidential, and is provided as part of a confidential (closed) mediation process. The only exceptions are if a child is at risk of harm, if any person is in imminent danger, and if a judge orders disclosure of this information. This information will help assign the best-suited mediator to your file and will be read only by the mediator and our staff.

Your Personal Information

Full Legal Name: _____ **Birth Date:** _____

Previous Names: _____

Do you wish to change your name? _____

Address:

Home Phone: _____ **Cell:** _____ **Work:** _____

E-Mail Address: _____

The best way to communicate with me is by: _____

Social Security Number: _____

Are you presently a member of the U.S. Military? _____

Your Spouse's Personal Information

Full Legal Name: _____ Birth Date: _____

Previous Names: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail Address: _____

Social Security Number: _____

Is your spouse presently a member of the U.S. Military? _____

Marital Information

Marriage Date: _____ Separation Date: _____

Ceremony (City/County/State): _____

Are you and your spouse currently living together? _____

Is there any chance at reconciliation? _____

Was abuse present in the marriage relationship? _____

Briefly Describe: _____

CHILDREN from Present Marriage (including legal adoption)

Child's full name	Gender	Birthdate	Age	Social Security number	Living with whom?

Is there a current pregnancy involved in this case? _____

Is there a dispute involving the children? _____

Custody Dispute? _____

Other Dispute? _____

NOTE: By statute, in any dissolution case in which custody is contested, the parties often must attend a court-approved parenting education program. Courts often order this even if custody is not contested. Children are sometimes required to attend separate classes as well to help them deal with the divorce. If required, the parties must file certificates of course completion in order to finalize the divorce.

Are your children in Daycare? _____

Do you have childcare expenses? _____

Do you _____ or your spouse _____ have children from a prior marriage or relationship? Yes or No: _____ If so, what are their names and dates of birth?

Your Employment Information

Are you employed? _____ Full Time? _____ Part Time? _____

Reason not employed: _____

Employer: _____

Address: _____

Position: _____ Salary: _____

Length of Employment: _____

Gross Monthly Income: _____ Net Monthly Income: _____

Your Spouse's Employment Information

Spouse Employed? _____ Full Time? _____ Part Time? _____

Reason not employed: _____

Employer: _____

Address: _____

Position: _____ Salary: _____

Length of Employment: _____

Gross Monthly Income: _____ Net Monthly Income: _____

Your Education

Highest level of education you've completed: _____

List any certificates/degrees: _____

Your Spouse's Education

Highest level of education you've completed: _____

List any certificates/degrees: _____

Medical Insurance

Do you have health insurance? _____

If so, who provides? _____

Does your spouse have health insurance? _____

If so, who provides? _____

Do your children have health insurance? _____

If so, who provides? _____

Do you have dental insurance? _____

Does your spouse have dental insurance? _____

Do your children have dental insurance? _____

Asset Information

Homestead Information

Legal Description: _____

Exact Name (s) on Title: _____

Address: _____

County: _____ Abstract or Torrens: _____

Mortgage Holder: _____

Amount of Mortgage: _____ Date Purchased: _____

Fair Market Value: _____ Monthly Payment: _____

Additional Real Estate Information

Legal Description: _____

Exact Name (s) on Title: _____

Address: _____

County: _____ Abstract or Torrens: _____

Mortgage Holder: _____

Amount of Mortgage: _____ Date Purchased: _____

Fair Market Value: _____ Monthly Payment: _____

Business and Farm Assets

Name of Business: _____

Address: _____

Type of Business: _____

Approximate Value of Business: _____

Name of Person Operating Business: _____

If farm property, please provide list of machinery, crops, leases, etc. and approximate value.

Cash and Bank Accounts

Name of Bank: _____

Type of Account: _____ Balance: _____

Name(s) on the Account: _____

Account Number: _____ P.O.D.? _____

Name of Bank: _____

Type of Account: _____ Balance: _____

Name(s) on the Account: _____

Account Number: _____ P.O.D.? _____

Name of Bank: _____

Type of Account: _____ Balance: _____

Name(s) on the Account: _____

Account Number: _____ P.O.D.? _____

Investments: Securities, Stocks, and Bonds

Name of Company: _____

Type of Investment: _____

Name(s) on Account: _____

P.O.D.? _____ Account Value: _____

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share.

Name of Company: _____

Type of Investment: _____

Name(s) on Account: _____

P.O.D.? _____ Account Value: _____

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share.

Name of Company: _____

Type of Investment: _____

Name(s) on Account: _____

P.O.D.? _____ Account Value: _____

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share.

Life Insurance Information

Name of Company: _____

Address: _____

Policy Number: _____ Date Issued: _____

Policy Value: _____

Beneficiary Information: _____

Name of Company: _____

Address:

Policy Number: _____ Date Issued: _____

Policy Value: _____

Beneficiary Information: _____

Vehicles (cars, boats, atvs)

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Retirement Accounts (401(k), IRA), Pensions, Annuities

Type: _____ Name: _____

Account Number: _____ Owner: _____

Value: _____ Beneficiary: _____

Type: _____ Name: _____

Account Number: _____ Owner: _____

Value: _____ Beneficiary: _____

Type: _____ Name: _____

Account Number: _____ Owner: _____

Value: _____ Beneficiary: _____

Type: _____ Name: _____

Account Number: _____ Owner: _____

Value: _____ Beneficiary: _____

Other Assets

Est. Value of Furniture/Household Goods: _____

Est. Value of Clothes and Jewelry: _____

Other Personal Property: _____

Other Personal Property: _____

Other Personal Property: _____

Other Personal Property: _____

Debt Information

Mortgages

Lender: _____ Loan Number: _____

Loan Amount: _____ Amount Remaining: _____

Monthly Payment Amount and Due Date: _____

Lender: _____ Loan Number: _____

Loan Amount: _____ Amount Remaining: _____

Monthly Payment Amount and Due Date: _____

Other Debts

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address:

Debt Description: _____

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address:

Debt Description: _____

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address:

Debt Description: _____

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address:

Debt Description: _____

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address:

Debt Description: _____

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address:

Debt Description: _____

Non-Marital Property

Non-Marital Property is property that fits into several categories, such as: (1) things you owned before your marriage; (2) gifts, inheritance, bequests made by a third party to you and not your spouse; (3) things you got in exchange for your non-marital property; (4) appreciated value in your non-marital property; (5) things designated as non-marital property in a valid pre-nuptial contract. *Note that property can be partially marital and partially non-marital.*

Did you or your spouse enter into this marriage with non-marital money or property in excess of \$1,000? _____

If yes, please list:

Property

Value

Date Purchased

Necessary Monthly Expenses

EXPENSE	CURRENT	PROJECTED	WITH CHILDREN
Mortgage Payment			
Rent			
House/Rental Insur.			
Real Estate Taxes			
Security System			
Electricity			
Heat			
Water			
Garbage			
Telephone (Landline)			
Cell Phone			
Internet Cable			
TV			
Food/Groceries			
Dining Out Assoc.			
Fee			
Home Repair			
Clothing			
Household Supplies			
Lawn Care/Snow Rem.			
Health Insurance Dental			
Insurance			
Prescriptions			
Eyeglasses & Contacts			
Auto Payments			
Auto Maintenance			
Gasoline			
Life/Disab. Insurance			
Auto Insurance			
Entertainment			
Hair Care Child			
Care Toiletries			
School Tuition			
School Activities			
Pet Expenses			

Miscellaneous			

Documents to Bring to the Pre-Mediation Meeting

Please bring the following to your meeting or as soon as possible thereafter to save time and expense:

-

Your three (3) latest pay stubs.

-

Your spouse's three (3) latest pay stubs if possible.

Your most recent tax return.

- **A copy of the deed for your real estate property, or other documents showing**

-

the legal description and recorded ownership

Any appraisals of property

- **Copies of your most recent statements for all 401(k) and other retirement or**

-

investment plans owned by you and your spouse.

Copies of vehicle titles

- **Copies of life insurance statements**

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