



INSIGHTS COLLABORATIVE THERAPY GROUP

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MEDIATION INTAKE FORM

This form asks for information about you and your situation so your mediation can be as effective and efficient as possible. Some questions are personal and may seem sensitive, but they are asked to save valuable mediation time. Although you may not have all the information at this time, please answer the questions to the best of your ability. This form and all your mediation records are strictly confidential and will not be seen by anyone without your written permission unless required by law. If you have any questions, please discuss them with Mary Sanger.

Today's Date	_____	
Name	_____	Occupation: _____
Address:	_____	Employer: _____
City, State, Zip:	_____	Employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Home Phone:	_____	Student: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Cell Phone:	_____	Email address: _____
Date of Birth:	_____	Age: _____

CONTACT PERMISSIONS

- | | |
|--|---|
| May we call you at home <input type="checkbox"/> Yes <input type="checkbox"/> No | May we leave you a message at home <input type="checkbox"/> Yes <input type="checkbox"/> No |
| May we call you at work <input type="checkbox"/> Yes <input type="checkbox"/> No | May we leave you a message at work <input type="checkbox"/> Yes <input type="checkbox"/> No |
| May we call you by cell phone <input type="checkbox"/> Yes <input type="checkbox"/> No | May we leave you a message on cell phone <input type="checkbox"/> Yes <input type="checkbox"/> No |
| May we email you? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please keep in mind that communications by email or text are not secure. Although unlikely, there is a possibility that information included in an email or text can be intercepted and read by other parties besides the person to whom it is addressed.

Who referred you to Mary Sanger?

Name: _____

Phone: _____

May we contact that person to say thank you? Yes No

MARRIAGE OR RELATIONSHIP INFORMATION

Date of marriage or start of relationship _____

Who made the decision to end the relationship?

- me
- the other person
- mutual

Are you and the other person currently living together?

- Yes
- No

What are the reasons for divorcing or ending the relationship?

- Incompatibility
- Threats
- Drugs/alcohol abuse
- Mental illness
- Infidelity
- Poor communication
- Emotional abuse
- Physical abuse/violence
- Taking advantage of the other person
- Excessive conflict
- Other _____

Do you have any interest in a reconciliation?

- Yes
- No

Are there any legal reasons (e.g., restraining order, peace bond, etc.) that prevent you from communicating directly or indirectly with the other person?

- Yes (specify _____)
- No

Has anything been filed in the courts concerning your marriage, relationship or your children (e.g, petition for divorce, temporary orders, restraining orders, etc.) and please provide copies

- Yes (specify case name, docket number, case status, etc. _____)
- No

Does an attorney represent you concerning this matter?

- Yes (specify attorney's name, address, email address and phone number _____)

No

Will your attorney be present during mediation?

Yes

No

Unknown

Does an attorney represent the other person concerning this matter?

Yes (specify attorney's name, address, email address and phone number _____)

No

Unknown

WHAT BRINGS YOU TO MEDIATION?

What are the issues that you would like to discuss and resolve in mediation?

Grounds for divorce

Division of assets

Retirement benefits

Allocation of liabilities

Separate property

Reimbursement

Alimony/spousal maintenance

Income taxes

Attorney's fees

Parentage

Conservatorship

Parental rights and duties

Parenting times

Residence restrictions

Child support

Health insurance

Other

What do you consider to be the greatest obstacle in reaching an agreement in mediation? _____

State one positive thing about the other person. _____

Are there children of this marriage or relationship?

Yes (specify each child's name, gender, age and with whom that child lives _____)

No

Is there anything else you think is important for us to know about you, the other person, or your situation before mediation starts?

Yes (specify _____)

No

Do you have any concerns about being in the same room with the other person?

Yes (specify _____)

No

What do you hope to accomplish in mediation? _____
