

**Mediation and Facilitation Resources**

**11 King Street**

**Augusta, Maine 04330**

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**mediate@mediateresources.com**

In the interest of saving you time and money, I am asking that you complete this form and bring it with you to our first meeting. You will have opportunity throughout our work to further explain any items.

Name \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell phone) \_\_\_\_\_

Email \_\_\_\_\_ fax \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Date of Marital Separation \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Attorney Name & Phone Number \_\_\_\_\_

Names of children who are involved in this case, their dates of birth, and current ages. Please include a photo of you with your children together that we may keep.

\_\_\_\_\_  
\_\_\_\_\_

Names & ages of your other children or step children:

\_\_\_\_\_  
\_\_\_\_\_

History of Marriages: Dates of all marriages, divorces (including current marital status) & full name of each person to whom you have been married:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and ages of other children (step, half etc.) residing with the children listed above. Please indicate what relationship exists between you and each child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the current residence and visitation schedule of your child(ren).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Background check: Occasionally the need arises for us to do background checks on adults involved. We ask all clients to provide the following:

Your full name \_\_\_\_\_

Your Social Security Number \_\_\_\_\_

Please provide your Maine drivers license number: \_\_\_\_\_

Please provide the following information of any adult who lives with you or with whom you are in a serious dating relationship:

His/Her full name \_\_\_\_\_

His/Her Social Security Number \_\_\_\_\_ His/Her Date of Birth \_\_\_\_\_

Please provide the make, model, year, and color of the vehicle(s) you usually drive:

Make	Model	Year	Color	License Plate #

List any arrests and dates of conviction of yours, the other parent, or other adults in your household: \_\_\_\_\_

\_\_\_\_\_

Employment/Education (list your employment for the last 5 years)

\_\_\_\_\_

List your last school & educational level?

\_\_\_\_\_

Family Violence & Protection Orders

1.) Is your family now or previously involved in the Department of Health & Human Services Child Protection Program? If yes, provide the name & phone number of caseworker(s).

\_\_\_\_\_

2.) Has a Protection from Abuse Order been requested or ordered in your family? If yes, please provide the approximate date and courthouse:

\_\_\_\_\_

Who requested the order and why?

\_\_\_\_\_

If you have a PFA Order, please attach a copy.

We will need the names and phone numbers of people that can help us understand your children and your family. Please list names, their relationship to you and your child(ren) and a phone number where they can be contacted. **It is particularly helpful if you take the time to get phone numbers where we can reach people during the day/working hours** (You do not have to fill up all of the spaces!)

Your children's grandparents & step-grandparents:

<u>Name</u>	<u>Relationship to you</u>	<u>Their phone number(s)</u>

Child/children's aunts or uncles who know them:

<u>Name</u>	<u>Relationship to you</u>	<u>Their phone number</u>

Child/children's teachers (for the last 2 academic years:

<u>Name</u>	<u>name of school/type of teacher/counselor</u>	<u>phone number</u>

Child/children's mentors, such as coaches, adult friends, day care providers, clergy, etc.:

<u>Name</u>	<u>Relationship</u>	<u>phone number</u>

Child/children's healthcare providers:

Name

Phone Number

_____	_____
_____	_____
_____	_____

Your employer(s)

Name

Phone Number

_____	_____
_____	_____
_____	_____

List counselors or mental health providers seen by you or the children in the last 3 years.

Mental health provider name & family member seen

Phone Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List friends who knew you during your marriage/relationship with children's other parent.

Name

Phone Number

_____	_____
_____	_____
_____	_____

List three personal references (people who know you as a parent)

Name

Phone Number

Relationship to You

_____	_____	_____
_____	_____	_____
_____	_____	_____

