



Divorce Mediation Questionnaire

Instructions: Please provide all of the following information to the best of your ability, even though it may duplicate what the other party may provide. *Please use ink to fill out this questionnaire.*

PERSONAL INFORMATION:

TODAY'S DATE: _____

First: _____ Middle: _____ Last: _____

Maiden: _____ Birth date: _____ Previous names: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

The best place to reach me and/or leave a message is: Home Work Cell E-mail

The best way to receive correspondence is: US Mail E-mail

MARITAL INFORMATION:

Marriage Date: _____ Place (City & State): _____

Are you and the other party living together? Yes No If not, date of separation: _____

Do you plan to change your name as part of this proceeding? Yes No

If yes, please *clearly* print your new name (first, middle, last): _____

List all prior marriages. (Include name of prior spouse, and when and where marriage was terminated.)

Do you have an interest in reconciliation? Yes No

Have you had marriage or family counseling? Yes No

If yes, with whom? _____

Are you presently in therapy or counseling? Yes No

If yes, with whom? _____

Was abuse present in the marriage relationship? Yes No

Type: Physical Emotional Chemical Other: _____

CHILDREN: Is there a dispute involving the children? Yes No

Full Name (First, Middle, & Last): _____ Birth date: _____ Age: _____ Living arrangements: _____

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

List names & ages of any children from prior marriages and state with whom such children live.

Name: _____

Date: _____

EDUCATION:

Please check all appropriate boxes: H.S. Diploma: Yes No

A.A. B.A. B.S. M.A. M.B.A. J.D. Ph.D. Other: _____

EMPLOYMENT:

Are you employed? Yes No

Employer: _____

Employed since: _____

Position: _____

Salary: _____

Is your spouse employed? Yes No

Employer: _____

Employed since: _____

Position: _____

Salary: _____

INSURANCE: Medical insurance provided through:

- | | | | | |
|---------------------|----------------------------------|---|---|---------------------------------------|
| Self – Medical: | <input type="checkbox"/> My work | <input type="checkbox"/> My spouse’s work | <input type="checkbox"/> Private Policy | <input type="checkbox"/> No insurance |
| Self – Dental: | <input type="checkbox"/> My work | <input type="checkbox"/> My spouse’s work | <input type="checkbox"/> Private Policy | <input type="checkbox"/> No insurance |
| Children – Medical: | <input type="checkbox"/> My work | <input type="checkbox"/> My spouse’s work | <input type="checkbox"/> Private Policy | <input type="checkbox"/> No insurance |
| Children – Dental: | <input type="checkbox"/> My work | <input type="checkbox"/> My spouse’s work | <input type="checkbox"/> Private Policy | <input type="checkbox"/> No insurance |

ATTORNEY’S NAME: _____

Phone: _____

Address: _____

REFERRAL: Who referred you to Erickson Mediation? _____

Address _____

Is it okay to acknowledge this referral? Yes No

FINANCIAL ISSUES:

Are there joint bank accounts to which your spouse has access? Yes No

Does your spouse have credit cards for which you are responsible? Yes No

If yes, specify: _____

ASSETS AND LIABILITIES: Please list the value of each of the following items of property. If you are unable to obtain the exact present value, estimate what you think the value may be. If any item is located in a state other than that in which you live, indicate where such item is located, and if necessary, give details on a separate sheet. Please indicate items acquired by gift, inheritance, or prior to marriage by marking with a star (*).

Be sure to list the names of all of the items, and the legal descriptions of real estate. This information is important in identifying the items, and is necessary for inclusion in your legal papers.

LIST APPROPRIATE INFORMATION AS COMPLETELY AS POSSIBLE.

ASSETS:

A. BANK ACCOUNTS (checking, savings, money markets, CD’s, etc.)

Bank Name:	Date of Value:	Balance:	Name on Account:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. ACCOUNTS RECEIVABLE (notes or loans made to others, etc.)

Due From:	Balance Due:	Name on Account:
_____	_____	_____
_____	_____	_____

Name: _____ Date: _____

C. INVESTMENTS AND STOCK OPTIONS (stocks, bonds, mutual funds, 529 accounts, trusts, or other investments)

Company Name:	Number of Shares:	Value per Share:	Name on Account:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. REAL ESTATE

Marital Homestead:

Address: _____

Date of Purchase: _____ Purchase Price: _____ Current Market Value: _____

Mortgage Company: _____ Amount owed: _____ As of: _____

Second Mortgage Lender: _____ Amount owed: _____ As of: _____

Home Equity Line of Credit Lender: _____ Amount owed: _____ As of: _____

Appraised by: _____ Special Information: _____

Other Real Estate:

Address: _____

Date of Purchase: _____ Purchase Price: _____ Current Market Value: _____

Mortgage Company: _____ Amount owed: _____ As of: _____

Second Mortgage Lender: _____ Amount owed: _____ As of: _____

Home Equity Line of Credit Lender: _____ Amount owed: _____ As of: _____

Appraised by: _____ Special Information: _____

Other Real Estate:

Address: _____

Date of Purchase: _____ Purchase Price: _____ Current Market Value: _____

Mortgage Company: _____ Amount owed: _____ As of: _____

Second Mortgage Lender: _____ Amount owed: _____ As of: _____

Home Equity Line of Credit Lender: _____ Amount owed: _____ As of: _____

Appraised by: _____ Special Information: _____

E. LIFE INSURANCE

Company:	Death benefit:	Type of Policy:	Cash Value:	Owner /Insured:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F. BUSINESS INTERESTS (Include balance sheet, P & L statement, tax return, etc.)

Name of Business: _____ Location: _____

Owned Since: _____ % Ownership: _____

Appraised By: _____ Appraised Value: _____

Special Information: _____

(Business Interests continued on next page)

Name: _____ Date: _____

Name of Business: _____ Location: _____

Owned Since: _____ % Ownership: _____

Appraised By: _____ Appraised Value: _____

Special Information: _____

G. MISCELLANEOUS PROPERTY (Patents, trademarks, copyrights, royalties)

Description:	Value:	In Name of:
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. AUTOMOBILES AND OTHER VEHICLES (boats, lifts, snowmobiles, ATVs, trailers, motorcycles, campers, etc.)

Vehicle Make & Year: _____ Value: _____

Loan With: _____ Balance: _____ As of: _____

Vehicle Make & Year: _____ Value: _____

Loan With: _____ Balance: _____ As of: _____

Vehicle Make & Year: _____ Value: _____

Loan With: _____ Balance: _____ As of: _____

Vehicle Make & Year: _____ Value: _____

Loan With: _____ Balance: _____ As of: _____

I. RETIREMENT ASSETS (pension, profit sharing, tax deferred savings, IRAs, 401(k), 403(b) and other retirement plans)

Plan Name & Type:	Date of Value:	Value:	Name on Account:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

J. PERSONAL PROPERTY (artwork, musical instruments, collections, antiques - not necessary to have appraised at this time)

Special Items:	Est. Values:
_____	_____
_____	_____
_____	_____
_____	_____

K. INCOME TAX REFUNDS OR AMOUNTS DUE

State: _____ Year: _____ Refund Due: _____ Amount Owed: _____

Federal: _____ Year: _____ Refund Due: _____ Amount Owed: _____

Special Information: _____

Are all taxes filed to date? Yes No If no, please explain: _____

L. LIABILITIES (student loans, credit cards, medical/dental bills, personal loans)

Loan Owed to:	Date of balance:	Amount Due:	Name on Account:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Liabilities continued on next page)

Name: _____ Date: _____

Loan Owed to:	Date of balance:	Amount Due:	Name on Account:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MONTHLY BUDGETS:

INCOME (Please supply your two most recent pay stubs, a copy of last year's income tax return & employment contract, if applicable)

How often do you receive paychecks? _____

MONTHLY EXPENSES:

Item	Self	Children
Mortgage Payment		
Rent		
Security System		
Housecleaning		
RE Taxes		
Insurance		
Electricity		
Heat		
Water		
Garbage		
Telephone		
Cellular Phone		
Internet		
Cable or Dish		
Assoc. Fee/Home Repair and Maintenance		
Lawn Care & Snow Removal		
Food/Groceries		
Lunches at Work/School		
Eating Out		
Household Supplies		
Clothing		
Dry Cleaning/Laundry		
Medical Insurance		
Dental Insurance		
Medical out of pocket		
Prescription Eyeglasses & Contact Lenses		
Auto Payments		
Auto Gas & Oil		
Auto Maintenance & Repairs		
Auto Insurance		
Auto License Tabs		
Parking		

Name: _____

Date: _____

Item	Self	Children
Life/Disability Insurance		
Recreation & Entertainment		
Vacations/Travel		
Newspapers/Magazines/Books		
Dues/Clubs		
Cosmetics/Incidentals/Toiletries		
Hair Care		
Child Care		
Babysitting		
School Tuition		
School Activities/Field Trips/Pictures		
School Books & Supplies		
Extracurricular Activities/Lessons		
Sports Fees		
Summer Camp		
Savings for Higher Education		
Adult Education Expenses		
Pet Expenses – Food/Veterinary costs		
Contribution/Charities		
Gifts		
Other Miscellaneous		
Total Monthly Expenses:		

PREPARING FOR MEDIATION

In order to fulfill the requirements of full disclosure, please bring **the original and 2 copies** of the following documents to mediation:

- Verification of number of shares, price per share and balances for all stocks, bonds, stock options, and other investments
- Real estate appraisal(s) and/or market analyses
- Mortgage and/or Contract for Deed loan statements and most recent balances
- Life insurance (cash value) statements
- Retirement asset account statements
- Pension information including monthly payout beginning at retirement if your employment terminated at this time.
- Documentation of all accounts receivable
- Most recent credit card statements
- Any other documents that verify the value of assets or debts
- Recent pay stub(s) for income verification
- Verification from employer of medical/dental insurance benefits and monthly payments including a breakdown of amounts allocated to the employee, the spouse and the children separately.
- Other: _____

If available, please bring to the first session an original and two copies of each of the above documents. The original is for you to keep, one copy is for the mediator and one is for your spouse. Your attorney(s) will require all of the above documents.