CLIENT INFORMATION SHEET

MEDIATION

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CLIENT INFORMATION SHEET: MEDIATION

SECTION 1: HUSBAND PERSONAL DATA

HUSBAND'S NAME			
ADDRESS:			
PHONE NO:	SS	N:	
MOBILE PHONE NO:			
EMAIL ADDRESS:			
D.O.B	PLACE OF BIRT	`H:	
RACE:HT	WT	EYES:	HAIR:
DRIVER'S LICENSE NO:	S	TATE ISSUED	<u> </u>
VEHICLE MAKE:	MODEL:	YR:	
VEHICLE LICENSE NO:		MILEAGE:_	
EMPLOYER:			
ADDRESS:			
JOB TITLE:			
PHONE NO:			
FAX NO:			
HIGHEST YEAR OF EDUCATIO	N:		
DEGREE OBTAINED:			

SECTION 2: WIFE: PERSONAL D	OATA				
WIFE'S NAME:					
ANY PRIOR NAMES USED:					
DO YOU WISH TO RETURN TO YOUR PRIOR NAME:					
ADDRESS:					
PHONE NO:	SSN:	SSN:			
MOBILE PHONE NO:					
EMAIL ADDRESS:					
D.O.B	PLACE OF BIRTH:				
RACE:HT	WT	_EYES:	HAIR:		
DRIVER'S LICENSE NO:	STA	ATE ISSUED			
VEHICLE MAKE:	MODEL:	YR:			
VEHICLE LICENSE NO:		_MILEAGE:_			
EMPLOYER:					
ADDRESS:					
JOB TITLE:					
PHONE NO:					
FAX NO:					
HIGHEST YEAR OF EDUCATION					
DEGREE OBTAINED:					

SECTION 3: SEPARATION INFOR	MATION		
DATE OF SEPARATION:	COUNTY:		
SECTION 4: MARRIAGE INFORM.	ATION:		
DATE OF MARRIAGE:	CITY:		
COUNTY:			
SECTION 5: CHILDREN OF THIS N	MARRIAGE:		
NAME:	NAME:DATE OF BIRTH:		
PLACE OF BIRTH:			
WHERE HAS CHILD LIVED FOR T	THE LAST 5 YEARS:		
ADDRESS AND DATES WHEN CH	IILD LIVED IN EACH ADDRESS		
NAME:	DATE OF BIRTH:		
PLACE OF BIRTH:			
WHERE HAS CHILD LIVED FOR T	THE LAST 5 YEARS:		
ADDRESS AND DATES WHEN CH	IILD LIVED IN EACH ADDRESS		

NAME:	DATE OF BIRTH:_	
PLACE OF BIRTH:		
WHERE HAS CHILD LIVI	ED FOR THE LAST 5 YEARS	S:
ADDRESS AND DATES W	VHEN CHILD LIVED IN EAC	CH ADDRESS