

**MEDIATION PRE-WORK FORMS
PERSONAL INFORMATION FACT SHEET**

All personal information is confidential and treated appropriately.

Client Information

Full name _____

Name you like to be called _____

Address _____
Street City State Zip

Telephone Numbers

Home _____ Work _____

Cell _____ Pager _____

Fax _____ E-mail _____

Employment Information

Occupation _____

Employer name _____

Personal Information

Date of birth _____

Marital status _____ Number of children _____

Significant other's name _____ SO birth date _____

Wedding/special anniversary date _____

Name(s) and age(s) of children _____

Please provide brief answers to the following questions and bring them to our first session.

1. What brings you to Eastside Mediation & Mental Health?

2. Why have you chosen mediation s the process to resolve your current concerns?

3. What do you hope will be the outcome of this mediation process?

4. How do your needs or interests differ from your spouse?

5. In what way are your needs or interests similar to your spouse?

6. If the mediation is successful what will be different?

7. If the mediation is successful what will be the same?

8. What do you and the other parent agree upon?

Comments: