

Date of consultation: _____

WRIGHT FAMILY LAW GROUP

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DIVORCE MEDIATION INTAKE

Please fill out this form as comprehensively as possible. Each party should fill out their own section. If exact information is not known, please provide your best estimate. You both may be asked at some future date to provide more precise information. Mediation provides a helpful negotiation process for many separating or divorcing couples, however, there are no guarantees, and some couples are not suitable for mediation. The attorney/mediator reserves the right to terminate sessions in the event they are no longer productive and communication between the parties breaks down. There is **no confidentiality** privilege between individual parties and the attorney/mediator. Confidentiality **is** protected as it pertains the third parties.

SPOUSE A INFORMATION

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

What is the best time to reach you? _____

Email: _____

Date of Birth: _____ SSN: _____

Place of Birth: _____ U.S. Citizen? _____

Home Address (if different from above) _____

How long have you lived at the present address? _____

At the conclusion of your divorce, do you wish to resume your maiden name? _____ If yes, please state: _____

SPOUSE A EMPLOYMENT

Employer: _____ Telephone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Nature of Job: _____

Weekly Salary/Wages

Are you salary or hourly? _____

Hourly Employees

How much do you earn per hour? \$ _____

On average, how many hours per week do you work? _____ Do you earn overtime? _____

If so, state the average amount of overtime worked? _____

If you are a salary employee, what is your weekly gross income? \$ _____

SPOUSE B INFORMATION

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

What is the best time to reach you? _____

Email: _____

Date of Birth: _____ SSN: _____

Place of Birth: _____ U.S. Citizen? _____

Home Address (if different from above) _____

How long have you lived at the present address? _____

At the conclusion of your divorce, do you wish to resume your maiden name? _____ If yes, please state: _____

SPOUSE B EMPLOYMENT

Employer: _____ Telephone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Nature of Job: _____

Weekly Salary/Wages

Are you salary or hourly? _____

Hourly Employees

How much do you earn per hour? \$ _____

On average, how many hours per week do you work? _____ Do you earn overtime? _____

If so, state the average amount of overtime worked? _____

If you are a salary employee, what is your weekly gross income? \$ _____

MARRIAGE INFORMATION

Date of Marriage: _____ Place of Marriage _____

Are the parties living together now? Yes No

If not, state the date of separation _____

Please state the date the marriage became irretrievably broken _____

Have the parties tried marriage counseling? Yes No

Please indicate the number of times Spouse A has been married prior to this: _____

Please indicate the number of times Spouse B has been married prior to this: _____

CHILDREN OF THE MARRIAGE

1. Name _____ D.O.B. _____ Grade _____

Lives With _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

2. Name _____ D.O.B. _____ Grade _____

Lives With _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

3. Name _____ D.O.B. _____ Grade _____

Lives With _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

4. Name _____ D.O.B. _____ Grade _____

Lives With _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

Are there any children of yourself or your spouse other than listed above? Yes No

If so, with whom do those children live? You: _____ Spouse: _____

Please state what Spouse A believes is the highest priority in this divorce, and what would be the best possible outcome in these circumstances:

Please state what Spouse B believes is the highest priority in this divorce, and what would be the best possible outcome in these circumstances:

MEDIATOR NOTES:
