

Kallemeyn Mediation Services

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CONFIDENTIAL INTAKE FORM

This information will not be shared with the other party unless you give your permission to do so:

Date: _____ Date of Birth: _____
Name: _____
Address: _____
City/State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email Address: _____

Please answer these questions as they relate to the other party.

Other Party's Name: _____

Other Party's Address: _____

Other Party's Email: _____

We are presently (check one):

- Married Single Never Married
 Divorced Seeking Dissolution (have filed with Court)

Date of Marriage (if applicable): _____

Are you currently living with the other party? Yes No

If not, how long have you been separated or divorced? _____

Number of Joint Children: _____

Please list *legal* names and birthdates of the minor children in this action:

NAME:

DATE OF BIRTH:

Children are presently living with: _____

Is there an Order for Protection or Restraining/No Contact Order currently in effect?
(Check one) Yes No

Was/Is there any abuse in your relationship? (Check one) Yes No

Please check all that apply: Physical Emotional Chemical Alcohol
 Other _____

Are you comfortable meeting with the other party face-to-face during mediation?
(Check One) Yes No

Please give any explanation you feel is relevant to the situation:

Do you have any concerns about the *present physical safety* of yourself or your children in relation to your partner? (Check One) Yes No

If yes, please explain: _____

Have you presently retained an attorney? (Check One) Yes No

If yes, please provide:

Name: _____

Address: _____

Phone: _____ Fax: _____

If not, do you plan to retain legal counsel during the mediation process?
(Check one) Yes No

Please list the issues/concerns that you wish to discuss during mediation:

Which is your greatest concern: _____

How did you hear about Kallemeyn Mediation Services? _____

My payment of the \$25.00 non-refundable administrative fee (*please check appropriate box*):

- Is enclosed via US mail with this Intake Form
- Was paid on your website via PayPal on _____ (date)