## **Kallemeyn Mediation Services**

Phone: 763-427-5131 • Return to: sara@kallemeyn.com

## MEDIATION INTAKE FORM

Date:	Date of Birth:	
Name:		
Address:		
City/State:	Zip Code:	
Home Phone:	Email Address:	
Please answer these questions	s 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 Divorced Seeking Dissolu	Married	
Date of Marriage (if applicab	le):	
Are you currently living with	the other party? Yes No	
If not, how long have you bee	en separated or divorced?	
Number of Joint Children:		

lease list <i>legal</i> names and birthdates of	DAME OF DIDMIT
NAME:	<u>DATE OF BIRTH:</u>
Children are presently living with:	
Is there an Order for Protection or Res (Check one) Yes No	training/No Contact Order currently in effect?
Was/Is there any abuse in your relation	nship? (Check one) Yes No
Please check all that apply: Physical I Other	Emotional Chemical Alcohol
Are you comfortable meeting with the during mediation? (Check One) Yes No	other party face-to-face (same Zoom room)
Please give any explanation you feel is	s relevant to the situation:
Do you have any concerns about the $p$ children in relation to your partner? (0)	resent physical safety of yourself or your Check One) Yes No
If was places avalain:	

Have	e you presently retained an attorney? (Check One) Yes No
If ye	s, please provide:
Nam	e:
Add	
Phor	
	t, do you plan to retain legal counsel during the mediation process? ck one) Yes No
Pleas	se list the issues/concerns that you wish to discuss during mediation:
Whi	ph is your grantest concern:
	ch is your greatest concern:
How	did you hear about Kallemeyn Mediation Services?
• 1	bayment of the \$50.00 non-refundable administrative fee ( <i>please k appropriate box</i> ):
	Is enclosed via US mail with this Intake Form
	Was paid on your website on (date)