



13. Do you presently have an attorney?  Yes  No  
If Yes, Name \_\_\_\_\_ Address \_\_\_\_\_  
City/ ZIP \_\_\_\_\_ FAX: \_\_\_\_\_ Phone: \_\_\_\_\_

14. Does your spouse / other party presently have an attorney?  Yes  No  
If Yes, Name \_\_\_\_\_ Address \_\_\_\_\_  
City/ ZIP \_\_\_\_\_ FAX: \_\_\_\_\_ Phone: \_\_\_\_\_

15. Is there anything you would like me to know about your situation; about you?; about the other party?; about your family?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Are there any "no contact orders" in place between you and your spouse / other party?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Do you feel afraid or threatened by your spouse / other party for any reason?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Has your spouse / other party...  Hit you?  Threatened you?  Used physical force against you?

19. Have the police been called to your home?  Yes  No

20. Do you feel you can express your concerns / position at mediation in front of your spouse / other party?  
 Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Please date and sign: Date: \_\_\_\_\_ Signature \_\_\_\_\_