

**WOOD COUNTY COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION**

MEDIATION INTAKE FORM

Upon referral to, or request for, mediation each party must complete this form. Please respond to each question. Thank you for your cooperation.

Case Number (if applicable): _____ Date: _____

Person completing form (check one): ___Plaintiff ___Defendant

This matter is being referred for mediation upon request of (check all that apply):

___Plaintiff ___Plaintiff's Attorney
___Defendant ___Defendant's Attorney
___Judge ___Magistrate

Plaintiff

Name: _____

Address: _____

Telephone: _____

Attorney: _____

Defendant

Name: _____

Address: _____

Telephone: _____

Attorney: _____

Were the parties legally married? ___yes ___no If yes, how long? _____

Are the parties still living together? ___yes ___no If no, separation date: _____

Are the parties divorced? ___yes ___no

If yes, date when divorce was finalized: _____

Please summarize your understanding of the pending dispute:

If children are at issue in this matter, please give the full name, date of birth and address of each:

Has paternity for all children from this relationship been established? ____ yes ____ no

Does either party have minor children from other marriages/relationships?

____yes ____no If yes, please list names and ages:

Describe the current parenting arrangements for the parties' minor children:

Is this arrangement court ordered? ____yes ____no

Describe the parties' current child support arrangements:

Is this arrangement court ordered? ____yes ____no

Are payments current? ____yes ____no

Has the department of children or family services ever been involved with your family?

___yes ___no if yes, please explain:

Are there any pending legal actions between the parties or involving the children?

___ yes ___ no if yes, please explain:

Describe the current spousal support or other financial support arrangements between the parties:

Is this arrangement court ordered? ___yes ___no

Do you feel the other party has ever had a problem with alcohol or drugs? ___yes ___no

Has the other party ever accused you of having a problem with alcohol or drugs?

___ yes ___no

If yes to either of the above 2 questions, what steps have been taken to address these issues?

Have you, the other party, or your children participated in mental health counseling?

___ yes ___no

If yes, please indicate when the counseling started, length of time, frequency of visits and current status of care:

To your knowledge, are there any prior or pending Civil Stalking or Temporary Protection Orders involving any of the parties? ___yes ___no

If yes, please state which type of order and identify the Petitioner and Respondent.

To your knowledge, are there any prior or pending Domestic Violence Civil Protection Orders involving any of the parties? ___ yes ___no

If yes, please state which type of order and identify the Petitioner and Respondent.

To your knowledge, have any of the parties relative to this case been convicted of child abuse or domestic violence? ___yes ___no

If yes, please state the specifics to the best of your knowledge:

Would you have a concern about sitting in the same room with the other party in an effort to resolve the matters in dispute? ___yes ___no

Are you fearful of the other party for any reason? ___yes ___no

Has the other party ever threatened to hurt you in any way? ___yes ___no

Has the other party ever hit you or used any other type of physical force towards you?
___ yes ___ no

Please explain your concerns:

Would you prefer to have someone accompany you if the matter is mediated? ___yes___no

If yes, please state the person's name, relationship to you and describe how that person will be of help to you in the mediation:

I certify that to the best of my knowledge the above information is accurate and I have circled the information, if any, that must be kept confidential:

Signature

Date

Upon completion of this form please return it to: _____