

Duffy & Associates Mediation Services

Mediation Intake Form

29691 Lorain Road
North Olmsted, OH 44070
Phone: 440.823.6686
Fax: 440.899.7650
E-mail: info@duffymediation.com

	Wife	Husband
Full Name	_____	_____
Wife's Maiden Name	_____	_____
Home Address	_____	_____
	_____	_____
Home Phone No.	_____	_____
Pager or Cell No.	_____	_____
E-mail address	_____	_____
What County do you reside in?	_____	_____
How long have you lived there?	_____	_____
Social Security No.	_____	_____
Birth Date	_____	_____
Employer	_____	_____
Employer Address	_____	_____
Employer Address	_____	_____
Number of Marriages	_____	_____
Business Phone No.	_____	_____
Occupation/Position	_____	_____
Length/Employment	_____	_____
Earnings	_____	_____

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Payroll Deductions _____

Level/Education _____

Children's Names

Date of Birth

Living With

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State the places and dates where the child(ren) have lived during the past five years and the name and current address of the person with whom the child(ren) lived during that period.

_____	_____
_____	_____
_____	_____
_____	_____

Do you anticipate a dispute over custody of minor child(ren)? _____

Any prior litigation concerning the custody of child(ren)? _____

Any pending court proceedings? _____

Is wife now pregnant? _____

Date of Marriage _____

Place of Marriage _____

Presently living with spouse _____

Date of Separation _____

Either party interested in reconciliation? _____

Do you have plans to relocate? _____

If so, relocation date: _____

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Wife

Husband

Bank Accounts

(Checking, Savings, Money Market, CDs)

Name of Institution

Type of Account

How Titled

Account Number

Amount on Deposit

Business Interests

(Closely-held Corporate Interests)
Joint Ventures, Partnerships, Sole Proprietorships

Name

Type of Business

Percentage of
Ownership

Orig. Amt. Invested

\$ _____

Date Acquired

Value

\$ _____

Life Insurance

Company

Type of Coverage

Face Amount

Policy Number

Insured

Beneficiary

Cash Surrender Value

\$ _____

Loan Against Policy, if
any

\$ _____

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Wife

Husband

Retirement Plans

(IRA's, 401K)

Date(s) of
Contribution(s)

Amt(s) of
Contribution(s)

Present Value

Account Held With

_____	_____
\$ _____	\$ _____
\$ _____	\$ _____
_____	_____
_____	_____

Motor Vehicles

(Autos, Aircraft, Boats, Campers, RVs, Motorcycles)

Year, Make, Model

Date of Purchase

Purchase Price

Down Payment

Amount Financed

Monthly Payment

Current Loan Balance

Name of Leinholder

Address of Leinholder

How Titled

Operated by

_____	_____
_____	_____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Employment Benefits

(Pension, Stock Option, Deferred Compensation, Profit Sharing Plans)

Name of Plan	_____	_____
Company	_____	_____
In Whose Name	_____	_____
Value	\$ _____	\$ _____
Amount Vested	\$ _____	\$ _____
Employee Contribution	\$ _____	\$ _____

Real Estate

(Residential, Commercial, Vacant Land,)

Marital Home

Other

Address	_____	_____
Date Purchase	_____	_____
Purchase Price	\$ _____	\$ _____
Down Payment	\$ _____	\$ _____
Mortgage Balance	\$ _____	\$ _____
Present Value	\$ _____	\$ _____
Equity	\$ _____	\$ _____
Monthly Payments	\$ _____	\$ _____
Taxes	_____	_____
To Whom Titled	_____	_____
Name of Mortgagee	_____	_____
Address of Mortgagee	_____	_____
Second Mortgagee/Home Equity Line of Credit	_____	_____
Address of Mortgagee	_____	_____

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Occupied By

Income Derived (if any)

Wife

Husband

STOCKS AND BONDS

Name of Issuer

Type of Security

Number of Shares

Date Purchased

Purchase Price

In Whose Name

Source of Funds

Current Value

OTHER ASSETS

(Jewelry, Household Furnishings, Collectibles, Art, Guns, Coins)

Description of Asset

Date Acquired

Present Value

\$

\$

\$

\$

\$

\$

\$

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		\$
		\$
		\$
		\$
		\$
		\$

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LIABILITIES

Creditor	Description	In Whose Name	Balance Due	Monthly Payments
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Wife

Husband

MONTHLY EXPENSES

Rent/House Payment	\$	\$
Food, including lunches	\$	\$
Clothes	\$	\$
Childcare (specify)	\$	\$
Car Payment	\$	\$
Car (Gas, Oil, Repairs)	\$	\$
Other Transportation	\$	\$
Toothpaste, Incidentals	\$	\$
Church, Other (specify)	\$	\$
Newspapers, Cigarettes	\$	\$

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Fees for child(ren) activities	_____	_____
Other (specify)	_____	_____
Utilities:	_____	_____
Gas	_____	_____
Oil	_____	_____
Electric	_____	_____
Telephone	_____	_____
Cable	_____	_____
Water/Sewer	_____	_____
Other (specify)	_____	_____
Insurance:	_____	_____
Life	_____	_____
Car	_____	_____
House	_____	_____
Hospitalization	_____	_____
Other (specify)	_____	_____
Medical:	_____	_____
Doctor	_____	_____
Hospital	_____	_____
Dental	_____	_____
Optometrist	_____	_____
Prescription	_____	_____

How did you hear about Duffy & Associates Mediation Services?

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FINANCIAL AFFIDAVIT

State of _____

County of _____

Being first duly cautioned, I hereby swear or affirm that I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and true of my own knowledge.

Signature of Wife

Signature of Husband

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20__.

NOTARY PUBLIC