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CLIENT INFORMATION

Full Legal Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer Name & Address: \_\_\_\_\_  
 Employer Telephone & Fax #: \_\_\_\_\_  
 Attorney of Record: \_\_\_\_\_ Accountant of Record: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer Name & Address: \_\_\_\_\_  
 Employer Telephone & Fax #: \_\_\_\_\_  
 Attorney of Record: \_\_\_\_\_ Accountant of Record: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ City/State of Marriage: \_\_\_\_\_  
 Have any pleadings been filed: If so, please list: \_\_\_\_\_

CHILDREN INFORMATION

CHILD NAME	Age	Gender	D/O/B	SSN #

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Referred by: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Mediation sessions are to be paid for at the time of service. However, it is impossible to predict the exact amount of time a mediator may spend drafting documents or on other mediation-related work, such as telephone conferences, etc. All time spent by the mediator above and beyond the actual session will be billed according to the time spent and that mediator's hourly fees. All statements for services rendered are due within ten (10) days of receipt. However, if a bill is not paid within that ten (10) day period, your credit card will be charged the balance of that bill. Please list the credit card you would like used to pay for services should this situation arise:*

**CARD 1**

Visa \_\_\_ MC \_\_\_ DISCOVER \_\_\_ (check one)  
 Credit Card # \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ 3 digit # on back of card \_\_\_\_\_

**CARD 2 (if fee is being split)**

Visa \_\_\_ MC \_\_\_ DISCOVER \_\_\_ (check one)  
 Credit Card # \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ 3 digit # on back of card \_\_\_\_\_

**FOR OFFICE USE ONLY:**

*INITIAL DOCS PREPARED AND SENT TO PARTIES:* \_\_\_\_\_

*Initials Filed:* \_\_\_\_\_ ; *Acceptance of Service Filed:* \_\_\_\_\_

*60 days expires:* \_\_\_\_\_

*FINAL DOCS PREPARED AND SENT TO PARTIES:* \_\_\_\_\_

*Final Docs Filed:* \_\_\_\_\_

