

ARIZONA MEDIATION INSTITUTE, 3131 E. Camelback Road, Suite 230,
 Phoenix, Arizona 85016 – p (602) 852-5565 f (602) 889-6803
 e judith@arizonamediation.com –or- paula@arizonamediation.com

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 #

--	--	--	--	--

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: _____

