

REGISTRATION / INFORMATION FORM

I. BASIC INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I prefer to be phoned at home \_\_\_\_\_ work \_\_\_\_\_ either \_\_\_\_\_. OK to fax? Y/N Check how often? \_\_\_\_\_

E-Mail \_\_\_\_\_ OK to e-mail? Y/N Check how often? \_\_\_\_\_

Who (other than children) lives at this address? Give names and relationship. Can a message be left with them? Y/N

\_\_\_\_\_

Second employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address (1) \_\_\_\_\_ (2) \_\_\_\_\_

Work Hours (1) \_\_\_\_\_ (2) \_\_\_\_\_

Education (highest level completed) \_\_\_\_\_ Are you studying now? Y/N What? \_\_\_\_\_

Degrees? \_\_\_\_\_

Source of Referral

How did you hear about Mediation / Collaborative Divorce?

\_\_\_\_\_

Who referred you to me?

\_\_\_\_\_

II. MARRIAGE INFORMATION

Date of Marriage \_\_\_\_\_ Civil ceremony? Y/N . If not, type of religious ceremony? \_\_\_\_\_

Place of Marriage: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Did you live together before marriage? Y/N How long? \_\_\_\_\_ Describe the circumstances \_\_\_\_\_

\_\_\_\_\_

Any unusual reasons or circumstances relevant to this marriage? \_\_\_\_\_

\_\_\_\_\_

Any prenuptial agreement for this marriage? \_\_\_\_\_ For other marriages? \_\_\_\_\_

Are you living separately? Y/N As of when? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a formal separation agreement? Y/N Date of Agreement \_\_\_\_\_

Has a divorce motion been filed at any time in this marriage? Y/N By whom? \_\_\_\_\_

Date of filing \_\_\_\_\_

Other Marriages: dates/ length of time married \_\_\_\_\_

Prior Marriages ended due to (circle one): death divorce annulled other \_\_\_\_\_

Other pertinent information I should know? \_\_\_\_\_

\_\_\_\_\_

**III. Information About CHILDREN**

1. Name of Child \_\_\_\_\_ M/F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Grade Level \_\_\_\_\_ School \_\_\_\_\_  
Resides with \_\_\_\_\_ For how long? \_\_\_\_\_

2. Name of Child \_\_\_\_\_ M/F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Grade Level \_\_\_\_\_ School \_\_\_\_\_  
Resides with \_\_\_\_\_ For how long? \_\_\_\_\_

*If you have more than 2 children, please repeat above information on the back of this sheet>>*

**Additional children:** Children from previous marriage(s) with: \_\_\_\_\_

1. Name of Child \_\_\_\_\_ M/F Age \_\_\_\_\_ Resides with \_\_\_\_\_  
Do you or your spouse have financial responsibility for this child? \_\_\_\_\_ Amount of contribution \_\_\_\_\_

2. Name of Child \_\_\_\_\_ M/F Age \_\_\_\_\_ Resides with \_\_\_\_\_  
Do you or your spouse have financial responsibility for this child? \_\_\_\_\_ Amount of contribution \_\_\_\_\_

*If you have more than 2 children from a previous partner, please repeat above information on the back >>*

Are there any specific health/educational/mental health requirements for any of these children? Y/N

Who? \_\_\_\_\_

What is the specific condition? \_\_\_\_\_ What is required? \_\_\_\_\_

\_\_\_\_\_

**IV. PERSONAL HISTORY**

Have you ever had any physical or mental illness, significant health problem or serious accidents that have affected you for an extended period of time? If so, please indicate type/ dates/ and current status.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your health in childhood was generally: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

At present your health is generally: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

How long ago was your last physical? \_\_\_\_\_ How often do you exercise? \_\_\_\_\_

Are you concerned about your own drug use? Y/N /alcohol use? Y/N \_\_\_\_\_

your spouse's drug use? Y/N Alcohol use? Y/N If yes, please explain \_\_\_\_\_

List all drugs you are taking ( including vitamins, aspirin, sleeping pills, etc.) (use back of sheet is necessary)

\_\_\_\_\_

Are you currently in any type of therapy or counseling? before your marriage? Y/N During your marriage? Y/N

If so, what kind? \_\_\_\_\_

With whom? \_\_\_\_\_ For how long? \_\_\_\_\_

**V. FINANCIAL INFORMATION**

What is your approximate gross income? \_\_\_\_\_ Net income? \_\_\_\_\_  
Your spouse's approximate gross income? \_\_\_\_\_ Net income? \_\_\_\_\_  
Approximate total monthly expense if living together? \_\_\_\_\_ If living apart? \_\_\_\_\_  
Have there been any changes in income in the last two years? Y/N Please explain \_\_\_\_\_  
\_\_\_\_\_

**VI. MAJOR LIFE EVENTS or CHANGES**

**Within the last two years**\_\_\_\_ **or expected in the next two years**\_\_\_\_. **Check all that apply:**

Started school or training program \_\_\_\_\_ Pregnancy, wanted/not wanted \_\_\_\_\_  
Child(ren) born \_\_\_\_\_ Grandchild born \_\_\_\_\_  
Fertility problem(s) \_\_\_\_\_ Miscarriage \_\_\_\_\_  
Changed job \_\_\_\_\_ Graduated from school/program \_\_\_\_\_  
Lost job \_\_\_\_\_ Changes in childcare, what? \_\_\_\_\_  
Moved residence \_\_\_\_\_ Trouble with Children? what? \_\_\_\_\_  
Financial troubles \_\_\_\_\_ Onset of menopause \_\_\_\_\_  
Increase in financial responsibilities \_\_\_\_\_ Midlife crisis, what? \_\_\_\_\_  
Legal problems \_\_\_\_\_ Victim of a crime \_\_\_\_\_  
Separation/divorce of friend/relative \_\_\_\_\_ Undertaken a major new expense \_\_\_\_\_  
Health problem (self, spouse, child) \_\_\_\_\_ Natural disaster \_\_\_\_\_  
Death of a close friend, who? \_\_\_\_\_ Child left for college \_\_\_\_\_  
Death of family member, who? \_\_\_\_\_ Child marrying \_\_\_\_\_  
Death of household pet \_\_\_\_\_ Anyone added to household, who? \_\_\_\_\_  
  
Began treatment for drug/ alcohol problem \_\_\_\_\_  
Began psychotherapy \_\_\_\_\_ When? \_\_\_\_\_ With? \_\_\_\_\_ Other, please explain \_\_\_\_\_  
Began new medication \_\_\_\_\_ What? \_\_\_\_\_ Significant weight gain/loss \_\_\_\_\_

*Describe briefly any major changes (that you checked above):*

**VII. YOUR THOUGHTS.** Please describe when you first thought about getting a divorce and why.

How are these reasons the same or different now?

What concerns do you have for yourself about the divorce?

For your children?

What concerns do you have about the collaborative divorce process as a way to become divorced?