



Patricia D. Post, Ph.D.
 Jodie Guth, Ph.D.
 Jerry Whiteman, Ph.D.
 Clarke McLaughlin, L.P.C., L.M.F.T., L.A.C.
 Alice P. Williams, L.P.C., L.M.F.T.
 Brenda Hollenbeck, L.P.C., L.M.F.T.
 Brenda LaFleur, L.C.S.W.

MEDIATION INFORMATION SHEET

Date: _____

Full Name: _____ DOB: _____ Soc. Sec. #: _____
 Sex: Female __ Male __ Age: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Parish: _____
 Emergency Name: _____ Number: _____

May we leave messages at the above numbers? Home ___ Cell ___ Work ___ Emer. _____

Relationship Status:

_____ Single
 _____ Married
 _____ Separated
 _____ Divorced
 _____ Other _____

Educational Background:

_____ High School
 _____ GED
 _____ Technical/Trade School
 _____ University
 _____ Post Graduate

Date of Marriage (If Applicable): _____

Date of Separation (If Applicable): _____

Date of Divorce (If Applicable): _____

Employer: _____ Job Title: _____

Address: _____ Date of Hire: _____ Yrs at Company: _____

City, State, Zip: _____

FOR OFFICE USE ONLY

___ Court Form 1 to Family Court ___ Court Form 2 to Family Court ___ Court Form 3 to Family Court
 ___ Release of Information ___ To be completed by Court Date of: _____

How many people are living with you, including yourself? _____ List their names and their relationship to you (e.g., daughter/son, mother/father, husband/wife, etc.)

NAME (First - Middle - Last)	Relationship	Age	Birthdate

Have you been in mediation before? _____ Yes _____ No

Name of previous mediator: _____

Issues to be mediated: (brief description) _____

Please show your current visitation schedule in the calendar below. Include times and places of transfer.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please describe your present summer and Holiday visitation schedule. _____

Please describe your work schedule. _____

