# CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL

**Indiana University Maurer School of Law Family and Children Mediation Clinic –**

**Confidential Intake Form (Prepared by Amy G. Applegate and Current as of May 2019)**

***This document will NOT be shown to the Court or the other party, but the information you provide will be used by your mediator to prepare for your mediation and the matters that you identify as wanting to address in mediation will be shared with the other party as part of the mediation process. Please answer all questions and be as detailed as possible.***

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR DOB/AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other names you go by (or have gone by): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names and phone number of two friends and/or close relative(s) who can find you if we need to reach you:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have (or plan to have) an attorney to represent you in this case, what is your attorney name and telephone number:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children from Relationship/Marriage that will be discussed in the mediation (continue on back if not enough lines):**

**Name Birth date Currently Living With**

 **Your other children who are not part of this mediation (continue on back if not enough lines):**

**Name Birth date Currently living with Name of other parent**

**Members of Your Household (Please list all people living in your home) (continue on back if not enough lines):**

**Name Relationship**

**Do you have any plans to move or make changes to whom you live with? Yes No**

If **yes,** please explain:

 **1. PRIOR INVOLVEMENT IN LAW SCHOOL CLINICS**

Have you been involved in any case with any other Clinic or Project at the IU School of Law: e.g., Child Advocacy

Clinic, Community Legal Clinic, Protective Order Project, Disability Law Clinic, or with Amy G. Applegate, Earl Singleton, Carwina Weng, Jennifer Prusak, Mark Need, or Norman Hedges?

#  Yes No

 If **Yes,** please explain:

**2. BACKGROUND INFORMATION**

1. What is the highest level of education you have completed? Please check one box.

 [ ]  8th grade or lower

[ ]  Some/most of high school

 [ ]  High school degree or GED

 [ ]  Attended some college

 [ ]  Two year college degree (Associates)

 [ ]  Four year college degree (BA/BS)

 [ ]  Some/most graduate school

 [ ]  Master’s Degree (MA, MS, MBA, MSW)

 [ ]  Doctoral or Professional Degree (PhD, JD, MD)

1. Which of the following best describes your race? Please check one box.

 [ ]  Black or African American

 [ ]  White

[ ]  American Indian or Alaska Native

 [ ]  Asian American

 [ ]  Native Hawaiian or Other Pacific Islander

 [ ]  Biracial or Multiracial, please explain:

 [ ]  Other, please explain:

1. Are you Hispanic or Latino? Please check one box.

 [ ]  Yes

[ ]  No

1. Approximately, what is **your own (individual) gross yearly income** that you are paid personally (from all sources)? Do not include your current spouse’s or the other party’s income.

 [ ]  Less than $10,000

 [ ]  Between $10,000 – $19,999

 [ ]  Between $20,000 – $29,999

 [ ]  Between $30,000 – $39,999

 [ ]  Between $40,000 – $49,999

 [ ]  Between $50,000 – $69,999

 [ ]  Between $70,000 – $89,999

 [ ]  Over $90,000

1. Which of the following best describes your most involved relationship with the other party in this matter? Please check the one box that best answers this question. (If there is more than one other party in this matter, you may check more than one box, but write in the name of the party next to the relationship you check.)

[ ]  Married

[ ]  Living Together

[ ]  Committed relationship

[ ]  Dating

[ ]  Friends

[ ]  Co-parent

[ ]  No relationship

[ ]  Other. Please explain:

1. Which of the following best describes you current relationship with the other party? Please check the one box that best answers this question. (If there is more than one other party in this matter, you may check more than one box, but write in the name of the party next to the relationship you check.)

[ ]  Married

[ ]  Living Together

[ ]  Committed relationship

[ ]  Dating

[ ]  Friends

[ ]  Co-parent

[ ]  No relationship

[ ]  Other. Please explain:

1. What is the age of the other party?

Note: If there is more than one other party, please indicate their names and ages:

**QUESTIONS 3 TO 9 ARE FOR PARTIES MEDIATING ARRANGEMENTS FOR THEIR CHILDREN –**

**FOR PARTIES NOT MEDIATING CHILD ARRANGEMENTS, SKIP TO QUESTION 10.**

**3. PARENTING ARRANGEMENTS**

For the questions in this section, please answer about the child(ren) from the marriage or relationship with the other parent in this mediation. *If you and the other parent have not yet made the arrangements requested in any question, please indicate TBD (to be determined).*

1. In a typical two week period during the school year, when do the child(ren) stay with you and when do the children stay with the other parent?

1. For holidays, when do the children stay with you and when do the child(ren) stay with the other parent (i.e., what are the holiday parenting time arrangements)?

1. For school age children, when do the child(ren) stay with you and when do the children stay with the other parent in the summer (i.e., what are the extended parenting time arrangements)?

1. Is there anyone else the child(ren) stay with or see on a regular basis? **Yes No**

 If yes, explain who this person is and when the chil(dren) stay with or see this person.

1. What are the arrangements for exchanges of the child(ren) (please include where the exchanges take place, who does the transporting of the child(ren), etc.)

**4. SCHEDULES:**

If you are employed, where do you work/go to school (name of employer/school and location)?

What work do you do (or what are you studying)?

What hours do you work or go to school? Provide both the days of the week and the hours you are away from home to work or attend school.

If the child(ren) stay with you when you work or go to school, how are they cared for when you are not with them?

 Do your child(ren) attend school, preschool, or daycare? **Yes No**

If yes, where do they attend (provide name and location of school(s)):

 What are the hours of attendance?

 How do they get to and from school?

1. **DECISION MAKING ABOUT THE CHILD(REN):**

A. Which of the following statements most correctly describes how you and the other parent have made decisions in the past twelve (12) months about the children?

 \_\_\_ You have made almost all decisions

 \_\_\_ You have made the majority of the decisions

 \_\_\_ You and the other parent have shared equally in making decisions

\_\_\_ The other parent has made the majority of the decisions

\_\_\_ The other parent has made almost all of the decisions

B. How satisfied are you with your role in influencing and making decisions about your children’s care?

\_\_\_ Very satisfied

\_\_\_ Satisfied

 \_\_\_ Neutral / it varies

\_\_\_ Unsatisfied \_\_\_ Very unsatisfied

1. If **CUSTODY** is at issue in your case, which of the following are priorities for you?
2. Where the child(ren) will live? **Yes No**
3. Whether you and the other parent will share in major decision-making about the children (i.e., religion, education, and medical care)? **Yes No**

1. Is there anything else that you would like for the mediator to know about custody?

1. If **PARENTING TIME** is at issue in your case, please indicate which of the following are priorities for you:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | 1. Amount of parenting time for either parent?
 | **Yes No**  |
|  |  |  |
|  | 1. Timing ***/*** schedulingof parenting time?
 | **Yes No**  |
|  | 1. Pick up and drop off of child(ren)?
 | **Yes No**  |
|  | 1. One parent not exercising parenting time?
 | **Yes No**  |
|  | 1. One parent is not allowing parenting time?
2. Procedures for making changes to parenting time
 | **Yes No**  |
|  |  (when the child(ren)/parent is unable to make a visit)?  | **Yes No**  |
|  | 1. Holiday schedule?
 | **Yes No**  |
|  | 1. Make-up parenting time?
 | **Yes No**  |
|  | 1. Extended/Summer parenting time?
 | **Yes No**  |
|  | 1. Emergency contact procedures during parenting time?
 | **Yes No**  |
|  | 1. Phone calls or other communication with child(ren) while they are with other parent/guardian?
 | **Yes No**  |

L. Limitations on visits (structure of visits, or who can attend)? **Yes No**

1. Child care when parent is not available during his/her time **Yes No**

with the child(ren)?

1. Notification/attendance at child(ren)’s school/other activities? **Yes No**
2. Notification of child(ren)’s medical information?  **Yes No**

P. Day care issues?  **Yes No**

Q. School issues or arrangements? **Yes No**

R.Clothing issues?  **Yes No**

S. Care of child(ren) during visits?  **Yes No**

T. Exchanges **Yes No**

1. Other (please describe)
2. Is there anything else you would like the mediator to know about parenting time?

1. If **FINANCIAL ISSUES, INCLUDING CHILD SUPPORT,** are at issue in your case, please answer the following questions and provide the requested information:

* Are you or the other parent receiving (or have you or the other parent received) public assistance, including TANF (Temporary Assistance for Needy Families), Food Stamps, Disability, Hoosier Healthwise/Medicaid, WIC?

 **Yes No Which parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **If yes, please describe the type of benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#  Amount you/the other parent receive in benefits per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The child(ren) have **health insurance** through:

 My employer

 The other parent’s employer

 Hoosier Healthwise (Medicaid)

 Purchased privately by me

 \_\_\_\_\_\_\_\_\_\_ Purchased privately by the other parent

 \_\_\_\_\_\_\_\_\_\_ I don’t know

 The children don’t have health insurance.

 Other (please describe):

* **Are you interested in establishing or changing Child support?**  **Yes No**
* If child support is at issue in your case (**even if you do not want to make any changes**), **PLEASE PROVIDE** **ALL OF THE FOLLOWING INFORMATION:**

1. What is your **GROSS (before taxes) and NET (after taxes) WEEKLY INCOME?**

**GROSS WEEKLY INCOME:** $ **per week**

**NET WEEKLY INCOME:** $ **per week**

1. How many children do you have that were born or you legally adopted **after** the child(ren) in this case

were born?\_\_\_\_\_\_\_\_\_

1. How many children do you have that were born **before** the child(ren) in this case were born? \_\_\_\_\_\_\_\_\_\_

Please provide any current child support worksheets for these children. If you don’t have the worksheets, then list the child support you currently are ordered to pay for each child:

1. Child: Amount of support per week:
2. Child: Amount of support per week:
3. Child: Amount of support per week:

1. Are you paying support for children born before the child(ren) in this case without a court order?

 (This includes child(ren) who may live with you or someone else.) If yes, how much are you paying per week for each child? \_\_\_\_\_\_\_\_\_

 What documentation do you have for these payments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much, if anything, do you pay in work-related child care expenses for the child(ren) in this case? (Specify if these payments are weekly, monthly, bi-weekly, etc.)

1. How much, if anything, do you pay to obtain health insurance for the child(ren) in this case? (Specify if these payments weekly, monthly, bi-weekly, etc.)

Note: Make sure the number you provide for health insurance is the cost attributable only to the children; if that is not possible, indicate how many people are covered by the cost of this insurance. \_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much, if anything, do you pay in court-ordered maintenance, spousal support, or alimony? \_\_\_\_\_\_\_\_\_\_\_\_

(Specify weekly, monthly, bi-weekly, etc. and indicate what court and the state that issued the order.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Do you have any concern about which parent should provide health insurance? Yes No**
* **Do you have any concern about day care or school fees? Yes No**
* **If you will be discussing child support and related issues, please review with the mediators what documents you should bring to the mediation.**

* **Do you have any concern about who claims the children as dependents on tax returns?**

**Yes No**

1. What is the current arrangement (if any) concerning claiming the children as dependents?

1. Do you know the value of the dependent exemption for you at your marginal tax rate?

If yes, what is your marginal tax rate \_\_\_\_\_\_\_ and what is the value of the dependent exemption to you \_\_\_\_\_\_\_\_?

* **Do you have any concerns about other financial issues? Yes No**

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What (if any) **ADDITIONAL CHILD-RELATED ISSUES** would you like to discuss in mediation?

(For example: Services for the child(ren) (e.g., mental health, substance abuse), or establishing paternity, etc.)

**QUESTIONS 10 TO 12 ARE FOR PARTIES MEDIATING THEIR DIVORCE – FOR PARENTS NOT MEDIATING THEIR DIVORCE, SKIP TO QUESTION 13**

1. For parties ***mediating their divorce,*** arrangements for **DIVISION OF PROPERTY OR DEBT** need

to be discussed at your mediation. Please answer the following questions:

1. Please describe (and provide a value for) assets or property that needs to be divided, including

but not limited to any and all (use the back of the page if more space is needed):

* + - * real estate

* + - * vehicles

* + - * retirement accounts

* + - * household or personal belongings

1. Please describe (and provide the amount owed) for debts that need to be divided, including but not limited to any and all (use the back of the page if more space is needed):

* + - * mortgages or home equity loans in your name and/or your spouse’s name
			* credit card debt in your name and/or your spouse’s name
			* car loans in your name and/or your spouse’s name
			* financing agreements in your name and/or your spouse’s name
			* medical bills in your name and/or your spouse’s name
			* claims or judgments against you and/or your spouse
1. How do you suggest the property and/or debt should be divided (use the back of the page if more space is needed)?

1. **Please review with the mediators what documents you should bring to the mediation for the property and/or debt to be divided.**

1. Parties who are ***mediating their divorce,*** please answer the following questions:

* + - What was the date that you and other party got married? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - When was the Petition for Dissolution (Divorce) filed?
		- If you changed your name when you got married, do you want to keep your married name? **Yes No**

* + - If no, what name will you want to return to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - If you have children, have you completed *Helping Children Cope with Divorce* or another parent education program? **Yes No**

o If no, the mediators will assist you with information about how/where to do this.

* + - What else would you like for the mediators to know about the divorce?

1. What (if any) **ADDITIONAL DIVORCE-RELATED ISSUES** would you like to discuss in mediation?

(For example: maintenance or spousal support, pets, etc.)

1. For **PARENTS WITH CHILDREN (WHETHER DIVORCING, PREVIOUSLY DIVORCED, OR NEVER MARRIED)**, please answer the following questions for each of your children, identifying which child in each response. If you need extra space, please use the back of this and the next page. During the mediation, in addition to the other issues that you and the other parent wish to address, you and the other parent will be addressing goals for your child(ren). These questions will help identify any problems or concerns that should be considered in setting goals. Feel free to also respond about your other child(ren) (besides the children about whom arrangements are being made in mediation).

* + - What, if anything, makes you happiest about your child(ren)? Please provide details.

* + - What, if anything, makes you saddest about your child(ren)? Please provide details.

* + - How is each of your children doing in general? Please provide details.

* + - How is each of your children doing in school or day care? Please provide details.

* + - How does each of your children get along with you? Please provide details.

* + - How does each of your children get along with the other parent? Please provide details.

* + - Do you have any concerns about the children’s relationship with the other parent? Please provide details.
		- Do you have any concern that the other parent will harm the children? Please provide details.
		- Do you have any concern that the other parent is not able or willing to properly take care of the children? Please provide details.
		- How does each of your children get along with his or her brother(s) and/or sister(s)? Please provide details.

* + - Who are the other adults who spend regular time with your child(ren), e.g., step-parents, grandparents, others. How does your each of your children get along with each of these other adults? Please provide details, including each adult’s full name.

* + - Do you believe that any of your child(ren) is a danger to him/herself or others? Please provide details.

* + - Have any of your child(ren) engaged in any behaviors that have caused you injury? Please provide details.

* + - Have any of your child(ren) engaged in any behaviors that have caused you concern (e.g., starting fires, harming animals, or wetting the bed)? Please provide details.

* + - Have any of your child(ren) been hurt or injured in any way in the past? In responding, please include any sexual abuse, molestation, abuse or neglect your child(ren) may have experienced and provide details (reminder: previously unreported child abuse or neglect must be reported to the Department of Child Services).

* + - Have you observed or has someone said that any of your child(ren) is depressed, anxious, or suffering in some way. Please provide details.

* + - What do you believe about how your child(ren) is/are experiencing or reacting to the situation between you and the other parent. Please provide details.

* + - Do you have any other concerns about any of your children? **Yes No**

o If yes, please explain the nature of the concern(s) for each child.

* + - If you could assure three (3) things for your child(ren), what would these be?

1. Is there anything you would like to share with the mediators that has not been asked in this Confidential Intake Form?