

Date: _____

Your Name: _____

Other Party's Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Please circle all that apply: Divorce Custody Visitation Finances Support Co-parenting Decision Making Involving Elders Family Conflict Resolution Parent and Youth Pet Custody

Other- Please Describe: _____

How did you hear about us?

Internet _____ Union _____ Referred by: _____ Other: _____

FACTS:

1. Please tell me about your situation.
2. What are you hoping to accomplish through mediation?
3. Are there any court matters pending? Yes ___ No ___ Please describe:
4. What happens when you speak your mind or express your point of view?
5. Has the other person ever interfered with your relationships with family, friends or your children? Yes ___ No ___
6. Has the other person ever made it difficult for you to have money for things you need for yourself or the family?
Yes ___ No ___
7. When you disagree, fight or are angry with each other, what happens?
8. During mediation you and the other person will meeting in the same room to talk about the issues and problems that need to be resolved. Do you have any concerns about sitting in the same room with them or mediating with them? Yes _____ No _____
9. Have there ever been any physical confrontations between you? Yes _____ No _____
10. Do you ever feel afraid for yourself or your children of the other person? Yes ___ No ___
11. Have you ever been arrested or convicted of a crime? Yes ___ No ___
12. Is there currently or has there ever been an order limiting contact between the two of you? Yes ___ No ___

13. Has the other party ever damaged or destroyed your property or harmed or threatened to harm your pets?

Yes__ No ____

14. Do you feel in danger right now? Yes___ No___

Please date, sign and return to Las Vegas Mediation by email infolvmmediation@gmail.com or fax to 702 475.3701

Sign

Date