

**REFERRAL INFORMATION**

Date Referred: \_\_\_\_\_ File No: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address (**required**): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone No: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHILD(REN) (involved in this action)**

<b>NAME</b>	<b>AGE</b>	<b>DATE OF BIRTH</b>	<b>RESIDES WITH</b>
_____	_____	_____	Mother ( ) Father ( )
_____	_____	_____	Mother ( ) Father ( )
_____	_____	_____	Mother ( ) Father ( )
_____	_____	_____	Mother ( ) Father ( )
_____	_____	_____	Mother ( ) Father ( )

Marital Status: \_\_\_\_\_ Married and living together  
 \_\_\_\_\_ Unmarried parents  
 \_\_\_\_\_ Separated Date: \_\_\_\_\_  
 \_\_\_\_\_ Divorced Date: \_\_\_\_\_  
 \_\_\_\_\_ Remarried Date: \_\_\_\_\_

Have you ever participated in mediation before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is domestic violence an issue in this relationship: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is English your primary language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, primary language spoken \_\_\_\_\_

Request a court approved interpreter? \_\_\_\_\_