

# BERMAN LAW CENTER, P.C.

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## CONFIDENTIAL DIVORCE QUESTIONNAIRE --MEDIATION CLIENTS--

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time the mediator spends on your case. The more complete you can make this form, the more money you will save. Each spouse needs to fill out their own form. However, only one of you needs to fill out the "children" section.

*If you are already divorced and are seeking a modification of your divorce decree (for instance, a change of custody, increase or decrease in support), all references to "spouse" mean your former spouse, not the person to whom you may now be married.*

1. **Full name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Maiden name: \_\_\_\_\_ Former married name(s): \_\_\_\_\_

2. **Please give the following statistical information about yourself:**

Soc. Sec. No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Current Age: \_\_\_\_\_  
Race: \_\_\_\_\_ Number of this marriage (1st, 2nd, etc.): \_\_\_\_\_  
Level of Education Completed: \_\_\_\_\_  
Which County do you reside in? \_\_\_\_\_

3. **Marriage:** Date: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
What was the last date you resided in the same household? \_\_\_\_\_

4. **Contact Information:**

Address: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_  
E-mail address (secure and private): \_\_\_\_\_

5. **Employment:**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following:  
Name of employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_

Employer's main telephone number: \_\_\_\_\_

How much do you make per hour or what is your salary? \_\_\_\_\_

What is your job title? \_\_\_\_\_

6. **Children:**

Do you have any children? Yes \_\_\_ No \_\_\_ If so, please give full name, date of birth and sex of each child, and indicate whether the child was born of this marriage or of a former marriage of your spouse or yourself.

First	Middle	Last	SSN	Sex	Birthday	Age
_____	_____	_____	_____	M / F _____	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>	M / F _____	_____	_____
_____	_____	_____	_____	M / F _____	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>	M / F _____	_____	_____
_____	_____	_____	_____	M / F _____	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>	M / F _____	_____	_____
_____	_____	_____	_____	M / F _____	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>	M / F _____	_____	_____

Are you or is your spouse now pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the child(ren) lived in the same county for the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which County? \_\_\_\_\_

If no, please list the dates and counties that the child(ren) has lived in for the past 5 years:

Dates	County, State	Caretaker(s)

7. **Answer only if you are already divorced and seeking a modification:**

What is the date of your divorce decree? \_\_\_\_\_

In what county did your divorce occur? \_\_\_\_\_

Have any orders been entered modifying the original decree? Yes \_\_\_\_\_ No \_\_\_\_\_

8. How were you referred to this office?

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***I UNDERSTAND THE FIRM HAS NOT ACCEPTED MY CASE AND WILL NOT ACT AS MY MEDIATOR UNTIL I HAVE SIGNED A FEE AGREEMENT AND SET UP A PAYMENT ARRANGEMENT.***

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Date

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Signature