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Confidential Mediation Intake

Contact Information:

Legal Name _____ Birthdate _____

Home Address: _____

Home Phone: _____ Cell Phone _____

Attorney and Court Information:

Attorney Name, if any _____
Attorney's Phone No. _____ Is Atty Aware of Mediation? _____

Court Name _____ Case No. _____
Next Court Date, if any _____

Children's Information:

Name _____ Birthdate _____
Name _____ Birthdate _____
Name _____ Birthdate _____
Name _____ Birthdate _____
Name _____ Birthdate _____

Special Needs of Children, if any: _____

Other People Living in Your Home:

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

Issues for Mediation: Please mark all of the issues that you think we'll want to discuss during mediation.

- _____ Real Estate (division, sale, refinancing, etc.)
- _____ Division of Personal Property
- _____ Division of Debts
- _____ Child Custody (legal and/or physical)
- _____ Parenting Time
- _____ Child Support
- _____ Specific Children's Issues (schooling, behavioral issues, counseling or medical issues)
- _____ Issues relating to romantic partners or other third parties

History and Concerns:

Drug or Alcohol Abuse? _____ By Whom? _____
Brief Detail - History, Current Use, Legal Problems, Treatment, etc. _____

Domestic Violence? _____ By Whom? _____
Brief Description of Behavior, Criminal Cases, Treatment, etc. _____

When was last episode of violence? _____ How Frequent? _____

Would the other parent say that there are concerns about drug or alcohol abuse or domestic violence? If so, what might they say? _____

Are there other mental, emotional or physical disorders for either parent or any of the children that need to be considered in the mediation process? _____

If so, please describe those briefly. _____

Are you comfortable mediating in the same room or would you prefer to be in a separate room from the other participant(s)? _____ If you prefer separate rooms, briefly explain why.

Is there anything else that I should know prior to the mediation? _____
