Carolina Divorce Mediators, LLC – Client Information Worksheet Rev.06/13/06

First name _____ Middle name _____ Last name _____ Suffix _____

Address _____

City _____ State _____ County _____ Zip _____

Age _____ DOB _____

Home telephone: _____ Okay to leave a message? Y ○ N ○

Work telephone _____ Okay to leave a message? Y ○ N ○

Cell telephone _____ Okay to leave a message? Y ○ N ○

Fax number _____ Okay to receive private fax? Y ○ N ○

Email address at which you may receive privileged email concerning your mediation:

_____

Education: ☐HS ☐Some college ☐2 YR ☐4 YR ☐Master's ☐PHD ☐MD

Occupation _____

Company Name _____

Income: Gross Annual _____ Gross Monthly _____ Net Monthly _____

Have you been married before? Y ○ N ○ If yes, are you providing child support? Y ○ N ○

Attorney: Name _____ Telephone _____

Date of current Marriage _____ City _____ State _____ County _____

Are you living apart? Y ○ N ○ Date of physical separation _____

Minor Children of ***this marriage***

NAME (first/middle/last)	DOB	RESIDES WITH

Additional Information

Use this area to tell us about any other information that is meaningful to you. Examples might be roadblocks to your discussions, high conflict subject areas, or anything else that you believe is important. Please be as complete as possible.

Before you begin typing or if you decide to print this document and fill it out by hand, please delete these instructions to allow more room for your thoughts.

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