

**Child-focused Mediation Inquiry Form**

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  | **Parent 1** | **Parent 2** |
| **Legal name of each parent** *including prior names used* |  |  |
| **Legal name of current spouse** *including prior names* |  |  |
| **Residence address**  |  |  |
| **Best way to contact***(phone # or email address)* |  |  |
| **Name of attorney** |  |  |
| **Is there a no-contact or protective order?**  |  |  |
| **Type of case** *modification, divorce, custody, guardianship*  |  |
| **Are there any property, debt, alimony or other issues involved?**  |  |

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| **Children’s ages** |  |
| **Child(ren) to be included in mediation?**  |  |
| **Next court date or other deadline** |  |
| **Other important information** |  |  |

**Please submit this form by email to** **diane@iaccj.org****.**