

**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** |  |  |
| **Email address** |  |  |
| **Phone number** |  |  |
| **Name of current 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?** |  | |
| **Children’s names & ages** |  | |
| **Would you like the mediator to meet with the child(ren) to include their views in mediation?** |  | |
| **Mediation, next court date or other deadline** |  | |
| **Other important information** |  | |

**Please submit this form by email to** [**diane@iaccj.org**](mailto:diane@iaccj.org)**.**