

# CONCILIATION SERVICES INFORMATION FORM

## INFORMATION ON THE FRONT OF THIS FORM MAY BE USED FOR OTHER SERVICES WITHIN THIS DEPARTMENT

Your Name: \_\_\_\_\_ Telephone: Home \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: Work \_\_\_\_\_

Street

Apt #

Telephone: Mobile \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pending Court Dates: \_\_\_\_\_

### MINOR CHILDREN WHO ARE THE SUBJECT OF THIS CONFERENCE:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Living With \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Living With \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Living With \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Living With \_\_\_\_\_

### OTHER ADULTS LIVING IN YOUR HOME

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

### REGARDING YOUR RELATIONSHIP WITH THE OTHER PARENT (Check and complete all that apply)

Have you completed the Parent Information Program  Yes  No

I am in the process of divorce. We have been separated \_\_\_\_\_  
(how long)

I have been divorced from the other parent for \_\_\_\_\_  
(how long)

I am currently married. Name of spouse \_\_\_\_\_

We were never married; we lived together, and have been separated \_\_\_\_\_  
(how long)

We never lived together

**PLEASE ANSWER QUESTIONS ON THE BACK OF THIS FORM.**

**INFORMATION ON THIS SIDE OF THE FORM  
WILL BE USED ONLY BY MEDIATION SERVICES**

1. BETWEEN YOU AND THE OTHER PARENT, HAS THERE BEEN ANY OF THE FOLLOWING?  
IF YES, PLEASE INDICATE WHEN.

	<u>No</u>	<u>Yes</u>	<u>During the Marriage</u>	<u>During the Separation</u>	<u>Recently (When)</u>
Physical violence to person?	_____	_____	_____	_____	_____
Physical violence to property or objects?	_____	_____	_____	_____	_____
Threats of physical harm?	_____	_____	_____	_____	_____
Police called because of physical violence or threats of physical harm?	_____	_____	_____	_____	_____
Arrests made because of physical violence, threats of physical harm, or violations of an Order of Protection?	_____	_____	_____	_____	_____
Is there now or was there in the past an Order of Protection for physical violence or threats of physical harm?	_____	_____	_____	_____	_____
Are you afraid to participate in a conference with the other parent or afraid to voice your concerns?	_____	_____	_____	_____	_____

2. HAS THERE BEEN ANY CHILD ABUSE OR NEGLECT?  No  Yes
- HAS CHILD PROTECTIVE SERVICES OR THE POLICE EVER BEEN CALLED?  No  Yes
- IS CHILD PROTECTIVE SERVICES OR THE POLICE CURRENTLY INVOLVED?  No  Yes

Please use the space below to explain any yes answers to questions 1 or 2, or to make additional comments.

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