CONCILIATION SERVICES
Information Sheet

Your Name	Today's Date	CS #

Your Mailing Address and Telephone Numbers:

Home Phone: _____

Work Phone: _____

Apartment/Space No. _____   Message Phone: _____

Age: _____   Education (highest grade completed): _____   Religion: _____

Place of Birth (city & state): _____

Place of Marriage (city & state): _____

How long have you been married? _____   Number of children of this marriage? _____

What are the children's ages? _____   With whom are they living? _____

How long did you know your spouse before your marriage? _____

Are you living with your spouse? _____   If not, when did you separate and why? _____

Is there an Order of Protection issued concerning this marriage? _____ Yes   _____ No

How long have you been having serious marriage problems? _____

Have you ever had professional counseling for marital problems in your present marriage? _____

If so, how many interviews did you have? _____   With whom? _____

Do you want a divorce? _____   Do you believe your spouse does? _____

Have you been married before? _____   If so, how many times? _____

Number of children of prior marriages: _____   What are their ages? _____

With whom are they living? _____

How did these previous marriages end? (for example, death, divorce, etc.) _____

What is your job? _____   Monthly "take home" pay? _____

Place of employment? _____

What is your spouse's job? _____   Monthly "take home" pay? _____

Place of employment? _____

How long have you lived in Arizona? _____

Your attorney's name

Your attorney's address   Telephone number

(continued on reverse side)

The contents on this form may not be shown to anyone without your written consent.

Please check which of the following problems you believe apply to your marriage.

_____ Financial Problems	_____ Disagreements About Raising the Children	_____ Too Little Time Together
_____ Unfaithfulness	_____ Use of Liquor	_____ Use of Drugs
_____ Nagging	_____ Loss of Affection	_____ Physical Abuse
_____ Lack of Communication	_____ In-Law Interference	_____ Sexual Problems
_____ Domineering	_____ Extreme Dependency on Parents	_____ Unreasonable Jealousy
_____ Religious Conflict	_____ Physical Health	_____ Mental health
_____ Quick Temper	_____ Immaturity (selfish, childish, irresponsible)	

Optional:

What are your major complaints in the marriage?

_____

_____

_____

_____

_____

_____

What do you believe are your spouse's major complaints in the marriage?

_____

_____

_____

_____

_____

_____

_____

_____
Signature