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## Family Mediation Intake Form

This document is strictly confidential, and is provided as part of a confidential mediation process. The only exceptions are if a child is at risk of harm or if a person is in imminent danger. Please be advised that I am a mandated reporter of child abuse, elderly abuse or abuse of an dependent adult and have a legal duty to warn and notify law enforcement of potential imminent danger to others.

Date: \_\_\_\_\_

Referred By \_\_\_\_\_

Court File No. \_\_\_\_\_

Status of File \_\_\_\_\_

Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Primary Telephone # \_\_\_\_\_

Mobile # \_\_\_\_\_

May we email you at the above address?

May we share this email with the other party?

Employer/Job: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Work Tel: \_\_\_\_\_

May we call you at work?

Preferred language of communication: \_\_\_\_\_

Date of marriage/cohabitation: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Name of lawyer: \_\_\_\_\_

Name of other party: \_\_\_\_\_

Age: \_\_\_\_\_

His/her employer/job:

Annual income:

Are you interested in reconciliation?

Are there any legal reason(s) preventing you from communicating directly or indirectly (restraining order/peace bond)?

Who made the decision to end the relationship?

Please tell us one positive thing about the other party.

Please provide a brief history of your marriage/relationship.

Are there children from this union?

Child's Name

Age

Child is living with?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have children from any other relationship(s)?

Child's Name

Age

Child is living with?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the issues you wish to discuss in mediation?

Issue

Why is this important to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about being in the same room with your former partner?

What would you consider to be the greatest obstacle in reaching an agreement in mediation?

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Indicate the factors that best explain your reasons for separating.

- |  |   |
|--|---|
| <input type="checkbox"/> Physical abuse / violence | <input type="checkbox"/> Poor communication                   |
| <input type="checkbox"/> Emotional abuse           | <input type="checkbox"/> Threats                              |
| <input type="checkbox"/> Drug / alcohol abuse      | <input type="checkbox"/> Incompatibility                      |
| <input type="checkbox"/> Mental illness            | <input type="checkbox"/> Great deal of conflict               |
| <input type="checkbox"/> Infidelity                | <input type="checkbox"/> Taking advantage of the other person |

Other:

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Is there any  CPS file  
 Police file

Do you have any disabilities you would like to inform us about?

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Is there anything else you would like us to know?

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**Please return this completed form by email or fax.**