

INFORMATION SHEET

INSTRUCTIONS

THIS FORM MUST BE COMPLETED IN FULL. PLEASE RETURN TO CONCILIATION COURT SERVICES, AT LEAST 72 HOUR PRIOR TO YOUR APPOINTMENT.

If a question does not apply, write "N/A" next to the question. If you have any questions, please contact The Mediation Center at:

Superior Court of Mohave County
Conciliation Court Services
"The Mediation Center"
127 E. Beale Street
P.O. Box 7000
Kingman, AZ 86402-7000
(928) 753-0795
Fax (928) 718-5557

PLEASE TYPE OR PRINT NEATLY WITH BLACK OR BLUE INK.

PERSONAL INFORMATION

- | | |
|--|---|
| 1. _____
Your Name | 2. _____
Case Number |
| 3. _____
Mailing address: Street/P.O. Box | 4. _____
Telephone Number (Home or Cell) |
| _____ | _____ |
| City State Zip Code | Telephone Number (Wk) |
| 5. _____
Attorney of Record Name | _____
Attorney of Record Telephone
Number |
| 6. Name(s) and birthdate(s) of minor child(ren) in this case are:

_____ | |
| 7. Where and with whom are the children currently residing? _____
_____ | |
| 8. Please complete any of the following that apply to the children's parents:
a. Date of Marriage _____ b. Date of Separation _____
c. Date of Divorce _____ | |
| 9. If you have your remarried, please indicate the date you were remarried:
_____ | |

10. If the parents were never married, was paternity established through the Court?
 Yes No
11. Has either party or any child in this case been a victim of abuse, violence or threats of violence by the other party? Yes No Unsure. If yes or unsure, please explain: _____

12. If violence has occurred, did it occur during the marriage/relationship?
 Yes No
After the separation? Yes No
Were weapons involved? Yes No
When was the last time it occurred? _____
Please describe: _____

13. If violence or abuse has occurred, please list the names of any agencies (including police, sheriff, child protective services, justice of the peace, etc.) that have been involved. _____

14. Please list any fears or concerns you have regarding the other party. _____

15. Please list any concerns you have regarding involvement by Conciliation Court Services Staff. _____

16. Is there a Restraining Order or Order of Protection currently in effect.
 Yes No
17. If you have any additional comments or concerns, please list them.

18. Please list dates of any upcoming Court hearing that you are aware of:

19. Please provide the following. (Check appropriate box).

RACE/ETHNICITY

- | | | | |
|--------------------------------|--------------------------|-------------------|--------------------------|
| Am. Indian or Alaska Native | <input type="checkbox"/> | Caucasian (White) | <input type="checkbox"/> |
| Asian America/Pacific Islander | <input type="checkbox"/> | Hispanic | <input type="checkbox"/> |
| African American (Black) | <input type="checkbox"/> | Other | <input type="checkbox"/> |

20. Please provide the following. (Check appropriate box).

ANNUAL INCOME

- | | | | |
|--------------------|--------------------------|-----------------|--------------------------|
| Less than \$10,000 | <input type="checkbox"/> | \$10,000-19,000 | <input type="checkbox"/> |
| \$20,000-29,000 | <input type="checkbox"/> | \$30,000-39,000 | <input type="checkbox"/> |
| \$40,000 or more | <input type="checkbox"/> | | |

Your Signature

Date

Petitioner's Name

Respondent's Name

NOTE: If you have answered YES to questions 11 – 12, the Mediation Center may contact you to discuss any additional concerns which are not mentioned here. This is to ensure you are provided with a safe and secure environment during your Mediation process.