

## Partnership/Marital Separation CLIENT INFORMATION FORM

*Please complete and mail/ fax this to DSC at 302 Weaver Street, Carrboro, NC 27510  
(Fax No. 919-942-6931)*

**Personal Information:**

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_

Partner/Spouse's full name: \_\_\_\_\_

**Please check as applicable, and write the date of your:**

O Marriage \_\_\_\_\_ O Commitment Ceremony \_\_\_\_\_  
 O Civil-Union \_\_\_\_\_ O Partnership \_\_\_\_\_  
 Date you moved into the same residence: \_\_\_\_\_ If you are **NOT** living in the same household,  
 please give the date you began to maintain separate residences: \_\_\_\_\_

**Children from this relationship:**

| <u>Full Name</u> | <u>Date of Birth</u> | <u>Living with</u> | <u>Relationship to you</u> |
|------------------|----------------------|--------------------|----------------------------|
| _____            | _____                | _____              | _____                      |
| _____            | _____                | _____              | _____                      |
| _____            | _____                | _____              | _____                      |
| _____            | _____                | _____              | _____                      |

**Demographic and Employment Information:** (We collect this information to evaluate if our Center is serving all of Orange County and to determine if our client demographics are in line with the county demographics.) **Please list:**

Employer and job title: \_\_\_\_\_  
 Employed since: \_\_\_\_\_ Highest level of education completed: \_\_\_\_\_  
 Salary (gross annual): \_\_\_\_\_ *(This is necessary to determine what you will pay according to our sliding scale fee.)*

**Prior marriages/civil union/children from relationship:**

| <u>Name of spouse/partner</u> | <u>Year relationship ended</u> | <u>Name/age of child</u> | <u>Living with</u> |
|-------------------------------|--------------------------------|--------------------------|--------------------|
| _____                         | _____                          | _____                    | _____              |
| _____                         | _____                          | _____                    | _____              |

**Are you interested in reconciliation?** \_\_\_\_\_

**Please check the topics that you would like to discuss in mediation:**

Co-Parenting/Custody Decisions

- Schedule for each parent’s time with the children.
- Making decisions regarding the children.
- Financial support for the children.

Property Division

- Personal property (clothes, books, music, etc.)
- Property valued over \$500 (vehicles, art, houses, land, etc.)
- Financial accounts (checking, savings, stocks, bonds, etc.)
- Pensions
- Private businesses

Spouse/Partner Support

- Spouse/partner support

Other

- Please describe other topics you would like to discuss which do not fit into the above categories:

**Professional advice and referrals**

Please list the name and address of your attorney in connection with this separation:

Would you like to see our attorney or therapist referral list: \_\_\_\_\_

How did you learn out our mediation services? \_\_\_\_\_

If referred to mediation, please tell us who referred you: \_\_\_\_\_

**Availability**

Please list **three** days, with a two-hour block of time (between 8am and 9pm) on each day that you are available to meet:

| Day             | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------|--------|---------|-----------|----------|--------|
| Time(s)         |        |         |           |          |        |
| Date (optional) |        |         |           |          |        |

**Mediation evaluation**

*I understand that I will be asked to fill out post mediation evaluations regardless of the outcome of mediation. Evaluations will be kept confidential. The Orange County Dispute Settlement Center (OCDSC) is collecting this information to better serve marital separation/partnership dissolution clients. I understand that OCDSC may or may not call me and verify my mailing address before sending out evaluations.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)