

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)