

Relief and Solutions Counseling Center
Sarah Friedland-Divorce Mediator
192 3rd Avenue Suite 3, Westwood, NJ 07675
(201) 666-2400
www.reliefandsolutionsnj.com
SFriedland.LPC@gmail.com

CLIENT INFORMATION FORM (Type or Print Clearly)

Caller's Name _____

Maiden Name (if applicable) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Preferred Method of Contact _____

Email Address _____

Spouse's Name _____

Maiden Name (if applicable) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Preferred Method of Contact _____

Email Address _____

Referred By: _____

Marriage Date: _____

Type of Marriage: Civil Service _____ Religious (Specify Type) _____

Any Previous Marriages (For you or spouse)? _____

Describe any financial arrangements between you and your former spouse: _____

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What best describes your current situation:

- _____ Not clear if I want to get divorced
- _____ Want a separation followed by a divorce
- _____ Want a divorce as quickly as possible
- _____ Other _____

Are you presently living with your spouse? Yes _____ No _____

If no, when did you separate? _____

If not living together, who initiated? Self _____ Spouse _____ Mutual _____

Whose idea was it to start divorce mediation? Self _____ Spouse _____ Mutual _____

What was your reaction? _____

What was spouse's reaction? _____

List all children from present marriage, prior marriages, and stepchildren:

Child's Name	DOB & Age	Grade	With Whom Does the Child Reside

Do any of the children have special needs (education, medical, or mental health)? _____

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What best describes your children's knowledge of your marital situation?

- _____ they know nothing
- _____ they know that something is happening
- _____ they know that we are separating
- _____ they think we are trying to work things out
- _____ they know that we are definitely getting divorced

Do you anticipate a dispute about custody of the children? Yes _____ No _____ Possibly _____

Is there any DCP&P (DYFS) involvement (past or present)? Yes _____ No _____

If yes, is the case still open? Yes _____ No _____

If yes, are there any court ordered limitations regarding custody, visitation, or supervision? _____

If you or spouse are a child of divorce, how old were you when your parents got divorced? _____

Do you or spouse have any special needs or a medical condition(s)? _____

Indicate below the names and approximate date of last contact you had with a:

Marriage Counselor: _____

Individual Therapist/Psychologist: _____

Attorney(s) consulted about separation or divorce: _____

How do you feel you are dealing with the stress of the relationship situation? _____

Do you, spouse, or children need a referral to a mental health professional? _____

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Your Highest Level of Education and Field of Study: _____

Occupation _____ Job Title _____

Name of Employer _____

Work Address _____

How Long at Present Job? _____

Gross Salary \$ _____ per _____ Bonus & Commissions \$ _____ per _____

Investment Income \$ _____ per _____ Other regular income \$ _____ per _____

Do you participate in any of the following with your employer?

Medical Insurance _____ Life Insurance _____ Auto _____ Pension _____ Savings Plan _____

Stock Rights _____ Retirement Plan _____ Other _____

Spouse's Highest Level of Education and Field of Study: _____

Occupation _____ Job Title _____

Name of Employer _____

Work Address _____

How Long at Present Job? _____

Gross Salary \$ _____ per _____ Bonus & Commissions \$ _____ per _____

Investment Income \$ _____ per _____ Other regular income \$ _____ per _____

Do you participate in any of the following with your employer?

Medical Insurance _____ Life Insurance _____ Auto _____ Pension _____ Savings Plan _____

Stock Rights _____ Retirement Plan _____ Other _____

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Do you or spouse own any of the following:

House _____ Vacation Home _____ Boat _____ Antiques _____ Collectibles _____

Business (describe) _____

Cars (describe) _____

Bank Accounts: Checking _____ Savings _____

Investments: Stocks _____ Bonds _____ Mutual Funds _____ Other _____

Private retirement: IRA _____ Keough _____ Other _____

Please list any major debts (separate or shared): _____

Household finances have been previously handled by: Self _____ Spouse _____ Mutual _____

Are there any other facts or circumstances that are relevant to your seeking mediation at this time?
