



MEDIATION ASSESSMENT DIVORCE

Name _____ Date: _____

State _____ Court Case # _____ (if applicable)

HOW DID YOU HEAR ABOUT RENEWED HOPE?

- Internet search
- [renew4hope](http://renew4hope.com) website
- social media
- mediate.com
- Word of mouth
- Other _____

1. PARTIES

CLAIMANT			RESPONDENT		
Name			Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code

Has opposing party agreed to engage in mediation with Renewed Hope? yes no

Has a court appearance been scheduled? yes no if so, when? _____

Have you engaged in mediation before? yes no

Will you be represented by counsel during the mediation process? yes no

2. NATURE OF CLAIM

Please explain why you have entered mediation.

When did the dispute begin?

- 0 - 30 days ago
- 31 - 90 days ago
- 3 - 6 months ago
- 6 months - 1 year ago
- 1 - 2 years ago
- more than 2 years ago

Have there been prior or present threats of violence between the parties? yes no

How long have you been married? _____

Is there a history of abuse/violence? _____ yes _____ no

Is there a temporary or permanent restraining order in place? _____ yes _____ no

Is there a court ordered judgement against you or the opposing party? _____ yes _____ no

How many children do you share with the opposing party?

Please list their names and ages.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If applicable, in what stage of the legal process of filing for divorce are you and the opposing party?

3. EXPECTATIONS

What final resolution(s) do you hope to achieve?

4. CONTACTS

Are there any professional contacts that need to be advised of this mediation process? yes no

If yes, please list them below:

Attorney:

Name: _____

Address: _____

Phone: _____

Counselor:

Name: _____
Address: _____
Phone: _____

Other Professionals:

Name: _____
Address: _____
Phone: _____

5. AVAILABILITY

Please provide three available dates and times for the joint session.

1. _____
2. _____
3. _____

6. IS THERE ANYTHING ELSE YOU WOULD LIKE THE MEDIATOR TO KNOW?

The above information is accurate to the best of my knowledge.

Signature

Date

Thank you, I'll be in touch soon!

RENEWED HOPE
Pamala Campbell, M.S.
720-446-8877
renew4hope@gmail.com
renew4hope.com