



The Weinberg
Mediation Center
WORKING TOGETHER

THE WEINBERG MEDIATION CENTER/CONFIDENTIAL MEDIATION QUESTIONNAIRE

Nature of Issues to be Mediated: Check all that apply:

Physical Custody/Access

Legal Custody/Decision-Making

Child Support

Alimony

Real Property

Business Interests

Rental Property

Vehicles

Retirement Assets

Investment Accounts

Bank Accounts

Payment of Debt(s)

Private School

Life Insurance

College

Enforcement of Prior Agreement/Order

Other (Please List) _____

Party Information

FULL Name: _____

Date of Birth: _____

Maiden Name: _____

Place of Birth: _____
(City, State)

Current Address: _____

Employer: _____

Mailing Address: _____
(If different than above)

Preferred way of Communication: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Present Job Title: _____

Describe Health: _____

How Long at Present Employment: _____

Present Earnings: _____

Other Income: _____

Marriage

1) *Current Marriage* _____ *Not Applicable*

Date of Marriage: _____

Location: _____

Child(ren) _____ *Not Applicable*

Child's Name	Age/Sex	DOB	Living With	Name of School/Care Provider and Cost	Concerns/Additional Info.

Circumstances Leading to Dissolution of Current Marriage _____ *Not Applicable*

Separation Date: _____

Who Left: Husband -or- Wife

Retirement Assets (Pension, 401(k), 403(b), Thrift Savings Plan, Profit Sharing, Other Deferred Asset Plans):

Source/Title	Plan Admin.	Defined Benefit (Yes or No)	Beneficiary(s) (Names)	Contribution (Yours)	Matching (by Employer)	Eligibility

Business Interest:

Business Name	Address	Nature	Ownership	Interest	Fair Market Value	Date Interest was Acquired

Other Personal Property

(List all other property/assets, including but not limited to, household furniture, collections, art, accounts receivable, jewelry, etc.)

Description	Date Acquired	Fair Market Value	Ownership
Furniture & Household Furnishings (provide itemized list)			
Jewelry (provide itemized list)			
Collections (provide itemized list)			
Tools (provide itemized list)			
Sporting Equipment (provide itemized list)			

Medical Insurance

 Not Applicable

Coverage Type (Health, Dental, Vision, Etc.)	Carrier/Plan	Plan Administrator	Policy Holder's Name	Individuals Covered	Plan Details

