

INFORMATION SHEET – MEDIATION REFERRAL
CASE NO. _____

Do you need an interpreter? If yes, what language: _____

FATHER:

Name: _____

Address: _____

City/State/Zip _____

Contact number: _____

Date of Birth: _____

MOTHER:

Name: _____

Address: _____

City/State/Zip _____

Contact number: _____

Date of Birth: _____

Do you wish to be contacted by mail, e-mail, or both? (circle one)

E-mail _____

Best available time for appointments:

Days: _____

Times: _____

Best available time for appointments:

Days: _____

Times: _____

Children:

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

REGARDING THIS SITUATION: (Check all that apply)

____ Do you have a future court date scheduled? If yes, when? _____

____ Are you involved with a counselor?

Are there any special circumstances, past or present, that we should be aware of in this case: (Check all that apply):

____ Domestic abuse or harassment injunction or a current no contact condition of bond (please provide a copy)

____ Spousal abuse against you by other parent: (threats, shoving, pushing, hitting, sex without consent, etc.)

	<u>FATHER</u>	<u>MOTHER</u>
Drug/Alcohol Abuse	_____	_____
Mental Illness	_____	_____
Criminal Case Pending Against	_____	_____
On Probation/Parole	_____	_____
Child Abuse by parent	_____	_____

REASON FOR MEDIATION: _____

Pursuant to Wisconsin Statute §905.035, Confidential communications made in mediation are not to be disclosed to any other person. Therefore, NO cell phones or any other electronic devices will be allowed in any mediation session. Please do not bring such items with you to the mediation session or you will be asked to leave the item(s) with the receptionist during your session.

Violation of Wisconsin Statute §905.35, may result in fines or other sanctions as deemed appropriate by the Court.