

13. Do you presently have an attorney? Yes No
If Yes, Name _____ Address _____
City/ ZIP _____ FAX: _____ Phone: _____

14. Does your spouse / other party presently have an attorney? Yes No
If Yes, Name _____ Address _____
City/ ZIP _____ FAX: _____ Phone: _____

15. Is there anything you would like me to know about your situation; about you?; about the other party?; about your family?

16. Are there any "no contact orders" in place between you and your spouse / other party? Yes No
If yes, please explain: _____

17. Do you feel afraid or threatened by your spouse / other party for any reason? Yes No
If yes, please explain: _____

18. Has your spouse / other party... Hit you? Threatened you? Used physical force against you?

19. Have the police been called to your home? Yes No

20. Do you feel you can express your concerns / position at mediation in front of your spouse / other party?
 Yes No
If no, please explain: _____

21. Please date and sign: Date: _____ Signature _____