<u>Cray Law Firm, PLC</u> Ryan D. Gerling - Attorney at Law & Mediator

420 N. Roosevelt Ave., Ste. 110 - Burlington, IA 52601 - Ph. (319) 752-4537 - Fax (319) 753-2712 Email: rdgerling@craylawfirm.com - Website: www.craylawfirm.com

Personal Data and Information for Mediation THIS INFORMATION WILL BE KEPT CONFIDENTIAL AS REQUIRED UNDER IOWA LAW

1 Namo			Phono:		☐Work ☐Cell		
1. Name	nePhone: Last First				— Hom		
Home Address							
Street	City		State ZIP		□Work		
2. Other Party's Name	 	First	Phone:		Cell		
Home Address		1 1100			∐Home		
Street		City	State	ZIP			
3. What is the case number and the	ne county wher	e any action is p	ending?				
Case #		County					
Od36 #							
4. Date of Marriage (if married)	/	_/	Date of Separation _				
5. Children of Current Marriage / R	elationship and	Otherwise:					
Full Name Ag	ge Date of	Birth	Residing With				
6. Do you anticipate a dispute abo	out custody of cl	hildren?	Yes No				
7. Do you have any court dates per	nding?		When?				
Is this a modification of a prior d	ecree or court o	order? Yes	☐ No				
8. Do you have an interest in reco	onciliation?	 Yes	□ No				
As far as you know, does		other party?	Yes No				
9. Are you presently seeing a coun	•	· · · <u>-</u>	· 🗀 _	efer Not To Answer			
If Yes, Individual	Joint	Famil		NOT THOSE TO 7 WHO WO!			
<u>—</u>	_			for Not To Anguer			
10. Have you previously seen a co	_	·		efer Not To Answer			
If Yes, Individual	Joint	Famil	y Children				
· · · · · —		No					
If Yes,Employer			Phone		· · · · · · · · · · · · · · · · · · ·		
Address							
Job Title	Nature of Job						
Date Hired	_ Current	Salary/Wage \$					
12. Is your spouse / other party en	nployed?	Yes	No				
If Yes,Employer			Phone				
Address							
Job Title							
Date Hired/							

Text copyright © 2007 by Christine L. Crilley with revisions © 2015

3. Do you presently have an attorne	y? Yes	No	
If Yes, Name		Address	· · · · · · · · · · · · · · · · · · ·
City / ZIP	FAX: _		Phone:
4. Does your spouse / other party pr	esently have an attorne	y? Tes	□No
If Yes, Name		Address	
City / ZIP	FAX: _		Phone:
5. Is there anything you would like m	ne to know about your s	ituation; about you?;	about the other party?; about your family?
6. Are there any "no contact orders"	,	• ,	
If yes, please explain:			
7. Do you feel afraid or threatened b			
3. Has your spouse / other party 9. Have the police been called to you		reatened you?	Used physical force against you?
D. Do you feel you can express you		_	your spouse / other party?
If no, please explain:			
1. Please date and sign: Date:	Signa	ture	