SEPARATION / DIVORCE QUESTIONNAIRE

	Identifying Information			
	Name		Age	
	Other Names Records	would be under (e.g	g. Maiden Name)	
	Address			
	Phone H		e-mail	
	Children's Names			
•	Referral			
•	Referral Who referred you		?	
•	Who referred you			
-	Who referred you	al counsel?	If so, whom	
•	Who referred you	al counsel?	If so, whom	
	Who referred you	al counsel? City, State Phone	If so, whom	

What benefits do you expect or want from our work.

3.	Separation / Divorce History
	How long have you been separated?
	How old were the children when this occurred?
	How long were you married?
	Are you divorced now?
	If so, when was the divorce decree final?
	What stage of separation / divorce are you in now?
	What is the legal status of the divorce?
	Have any attempts been made to settle matters? To mediate? If so, please describe those efforts and the outcomes.
	In your view or opinion, what factors caused you or your spouse to seek separation or divorce?

If your spouse was asked the same question, what do you believe he/she would say?
Significant Others
List the names and relationship of any other persons residing with you.

4.

Do vou have anv children	by any other person? If so, please give details on the relationship, then n
	ements of those children.
Are you currently involve	ed with another person? If yes, please identify
	r engaged with anyone?
What are your plans for the	his relationship?
Have you had other signif	ficant relationships since the separation? If yes, please identify dates, dura
names and reason for end	ing.
·k	
·k Occupation	Salary level
	Salary level

5.

Hours worked
Any overtime
Any travel demands?
Leave Package - Holidays, vacation, sick leave, family leave etc.
How many other jobs have you had since the separation? List duration, job title, salary, and reason for leaving.
List schools attended including high school, and the level of graduation obtained.
Participants Issues

A. Medical

Does you or the other parent have any medical conditions that affects your or their ability to mediate? If so, please give a brief description.

	How do you think your spouse would answer the about question about you?
	Are you currently using any medications?
В.	Psychological Have you or the other parent ever been evaluated or treated by a mental health professional? If so,
	please only give a brief description.

C.	Alcohol / Substance Abuse
	Have you or the other parent ever been evaluated or treated for alcohol or substance abuse problems? If so, please state who and when.
	Do you have any concerns about the other parent's use of alcohol or drugs? If so, give only a brief description.
D.	Legal Issues
	List all legal actions that are in relation to the divorce and their status. (E.g. restraining orders, temporary custody/visitation etc.)

Please provide a copy of any Court Orders or Agreements.



Have there ever been any allegations of child abuse by either spouse or any other person relate the divorce? If so, please give details, such as dates, names, legal outcome, etc.	d to
E. Marital Conflict	
What do you believe is the level of conflict between you and your spouse? Give a brief examp	le.

