



27212 Foamflower Blvd., Wesley Chapel, FL 33544  
(813) 907-8961, (813) 973-3577 Fax

**Party Information for Divorce Mediation**

Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email. \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Employed By \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Place of Marriage: City or County \_\_\_\_\_ State \_\_\_\_\_

Drivers License number \_\_\_\_\_

How long have you lived in Florida \_\_\_\_\_

In what county did you last live together as husband and wife? \_\_\_\_\_ County

Are you living in separate dwellings? \_\_\_\_\_ Date of separation \_\_\_\_\_

State names, birth dates, ages, Social Security Numbers of children of the marriage (natural and adopted) and whether the children live with the Husband (H), Wife (W), Both(B) or Other (O).

Name	Date of Birth	Age	Social Security No.	Living With
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address where and person(s) with whom each child resided past 5 years \_\_\_\_\_

**PLEASE COMPLETE BOTH PAGES TO THIS FORM**

Do you presently have an attorney representing you? If so, give name, address and telephone number \_\_\_\_\_

Are you now in therapy or counseling? If so, give name, address and telephone number of counselor  
\_\_\_\_\_

Is it your opinion that your marriage is irretrievably broken? By that we mean is it your opinion that neither counseling nor any other professional assistance can save the marriage?

Yes, it is irretrievably broken \_\_\_\_\_ No, it is not \_\_\_\_\_

Has there been any physical violence by either spouse against the other within the past 6 months?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any court ordered restraining orders governing your contact with your spouse?

Yes \_\_\_\_\_ No \_\_\_\_\_

CHILD ABUSE: If you have reason to believe that there has been child abuse in the marriage, we must be informed of your belief. If you check "YES", we will not disclose your answer to your spouse without your prior permission.

Yes, I believe that there has been child abuse \_\_\_\_\_

No, I don't believe there has been child abuse \_\_\_\_\_

**Notes:**