

**Couples and Family Mediation
General Information**



Full Legal Name (First, Middle, Last): _____

Residence Address: _____

City, State, Zip: _____

Mailing Address if different than above: _____

City, State, Zip: _____

Cell Number: _____ Work/Home Number: _____

Email: _____

Have you retained or consulted an attorney? ____ If so, name _____

Married or Co-habitated for how many years? _____

Full legal name of child: _____ Date of Birth: _____

Full legal name of child: _____ Date of Birth: _____

Full legal name of child: _____ Date of Birth: _____

Full legal name of child: _____ Date of Birth: _____

Questions/Concerns/Goals

What is your highest hope in going through a mediation process? _____

What are some questions or concerns you have about mediation? _____

How did you find out about Genesis Mediation? _____