



## Family Mediation Questionnaire

Everyone must complete the first two pages of this form.

Name: \_\_\_\_\_ Phone #(H, W, C): (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # (H, W, C): (    ) \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

**What are the main issues you wish to discuss in mediation?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:     Married     Never Married     Other Family Relationship; please describe \_\_\_\_\_

Case Type:     Divorce     Parentage     Modification (changing a previous order)     Other: \_\_\_\_\_

Has this matter been filed in court? \_\_\_\_\_ Where was it filed? \_\_\_\_\_ Case Number: \_\_\_\_\_

Petitioner: \_\_\_\_\_ Respondent: \_\_\_\_\_ Judge/Commissioner: \_\_\_\_\_

Your Attorney's Name: \_\_\_\_\_ Will your attorney be present at the mediation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Attorney's Phone: \_\_\_\_\_ Attorney's Address: \_\_\_\_\_

Is there a Guardian ad Litem?    Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

Is there currently a Protective Order in place? (*If yes, please provide a copy to UDR*)    \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this Protective Order prohibit you from meeting with the other party in mediation?    \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you have concerns for your safety if you met with the other party in mediation?    \_\_\_\_\_ Yes \_\_\_\_\_ No

**Information about yourself: (optional)**

Your Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnic Group:    \_\_\_\_\_ Caucasian    \_\_\_\_\_ Hispanic    \_\_\_\_\_ Black/African American    \_\_\_\_\_ Asian  
\_\_\_\_\_ Native American    \_\_\_\_\_ Pacific Islander    \_\_\_\_\_ Other: \_\_\_\_\_

Military Status (circle one)    None    Active Duty    Reserves    National Guard    Veteran    Other: \_\_\_\_\_

Where did you learn about Utah Dispute Resolution? \_\_\_\_\_

**Other Party Information:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Attorney Name: \_\_\_\_\_

*Please Remember to Pay Your Administrative Fee*

### CONFIDENTIAL SURVEY

*Utah Dispute Resolution requires parties in mediation to complete this survey. Your frank, honest answers will enable us to serve your needs better. We recognize these are personal questions, and we will keep all information provided in strict confidence. Please call if you have questions about this survey or if you would rather complete this survey by phone. Attach additional pages as needed.*

Who initiated the separation/divorce/custody/paternity action? \_\_\_\_\_

Who first decided to try mediation? \_\_\_\_\_ has either of you become unemployed in the last 60 days? \_\_\_\_\_

Are you and the other party living together now, or are you separated? \_\_\_\_\_ If separated, how long? \_\_\_\_\_

Describe how things are going between the two of you now. \_\_\_\_\_

How do you and the other party usually make decisions about important matters such as finances or your children? \_\_\_\_\_

If you disagree with each other, how do you handle the disagreement? \_\_\_\_\_

Are you or the other party a heavy user of alcohol and/or street drugs? \_\_\_\_\_ If yes, who uses? \_\_\_\_\_

Does either of you have chronic mental problems? \_\_\_\_\_ if yes, are you, the other party, or both currently in treatment? \_\_\_\_\_

Would you be able to sit in the same room with the other party and a mediator without fear for your safety? \_\_\_\_\_

Would you be afraid that the other party might hurt you physically if you did not agree with him/her in mediation? \_\_\_\_\_

In mediation would you fear retaliation from the other party afterwards if you:

- Expressed your opinion? \_\_\_\_\_ Explain \_\_\_\_\_
- Disagreed with him or her? \_\_\_\_\_ Explain \_\_\_\_\_
- Asserted your needs? \_\_\_\_\_ Explain \_\_\_\_\_

Has physical force ever been used in your relationship? \_\_\_\_\_ if yes, explain. \_\_\_\_\_

Has the other party ever:

- Threatened you or your family with violence? \_\_\_\_\_
- Prevented you from leaving the house, getting a job, returning to school, visiting your family? \_\_\_\_\_
- Threatened to kill him or her or had detailed fantasies about suicide? \_\_\_\_\_
- Abused household pets? \_\_\_\_\_

If yes to any of the above, explain: \_\_\_\_\_

Underline any of the following actions that have happened **to you** in your relationship:

Pushing, strangling/choking, cutting, stabbing, threatening with a weapon, hitting with an object, hitting with a hand or fist, slapping, shaking, biting, kicking, burning, having forced sexual activities, other \_\_\_\_\_

Has it happened more than once? \_\_\_\_\_ When did this last action occur? \_\_\_\_\_

Have you ever left your home because you feared for your safety? \_\_\_\_\_

Have you or your children ever required medical care because of injuries caused by the other party? \_\_\_\_\_

Have you ever called the police because you feared for your safety from the other party? \_\_\_\_\_

Have the children ever been threatened, hit, hurt or taken into protective custody? \_\_\_\_\_

Have you ever been cited, arrested or convicted of hurting the other party or any other person? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have either of you ever attended counseling or special classes as a result of physically harming the other? \_\_\_\_\_

Additional concerns or comments: \_\_\_\_\_

## Income Survey

You must complete this form in order to be considered for a reduced or waived mediation fee (based upon UDR's sliding scale). If this form is not completed, UDR will assess the maximum mediation fee."

### 1. HOUSEHOLD INFORMATION

Beginning with yourself, list all people living with you for whom you are responsible or with whom you share food and household expenses regardless of age or relationship to you. Include the gross income of every person over 18 years of age with whom you share household expenses. If complete financial information is not provided the highest mediation fee may be assigned.

Names	Birth Date	Relationship to You <i>self</i>	Gross Monthly Salary*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach Additional Paper as needed for names

\*Income before any deductions

### 2. FINANCIAL INFORMATION

#### A. Employment

Employer: \_\_\_\_\_ Date job began: \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Hourly Wages: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
 Type of Work \_\_\_\_\_ **Gross Monthly Income** \$ \_\_\_\_\_

#### B. Other Income – List how much you receive monthly from each source. Mark (X) to all that apply.

_____ Alimony	\$ _____	_____ Social Security	\$ _____
_____ Child Support	\$ _____	_____ Unemployment Comp.	\$ _____
_____ Disability Benefits	\$ _____	_____ Retirement/Pension	\$ _____
_____ Rental Income	\$ _____	_____ Other	\$ _____

#### C. Deductions – indicate how much you pay monthly for each obligation. Mark (X) to all that apply.

\_\_\_ Alimony \$ \_\_\_\_\_      \_\_\_ Child Support \$ \_\_\_\_\_

### STATEMENT OF VERIFICATION

I verify, under penalties of perjury, that the information given above is true and correct and that, if any of this information changes after submitting this form, I will inform Utah Dispute Resolution immediately.

Name _____	Signature _____	Date _____
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**For UDR Office Use Only:**

UDR Case Number: \_\_\_\_\_ Family Size: \_\_\_\_\_

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Gross Monthly Income	Benefits/Other Income	Deductions	Total
\$ _____	\$ _____/hr x _____ hr/wk x 52 wks ÷ 12 mo = \$ _____/mo		

Mediation Fee \_\_\_\_\_ Formula for computing monthly income & mediation fee