



Family Mediation Questionnaire

Everyone must complete the first two pages of this form.

Name: _____ Home telephone #: () _____
Address: _____ Cell telephone #: () _____
_____ Work telephone #: () _____

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:

Where did you learn about Utah Dispute Resolution? _____

Other Party Information:

Name: _____ Telephone #: () _____

Address: _____

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

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		