Law Office of Stacy L. Ortega, P.A.

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## MEDIATION/DRC AND CASE MANAGEMENT INTAKE INFORMATION

INSTRUCTIONS: Please provide all of the following information to the best of your ability, and bring to this office with your payment BEFORE THE INITIAL APPOINTMENT.

y's Date		Social Security Number D.L. Number	
Full nam	e of parent:	Birth date	
Home ac	ldress	Home Phone	
	(City)	(State and Zip)	
Employe	r:(Name)		Phone)
Work Sc	hedule		
	nes of all Children: <u>Gender</u> step children living in either household)	Birth date A	Age Living With?
	Marital Status: Married Separated I rior marriages:	Divorced Never	Married
Do vou l	nave an attorney in connection with this r	natter?	

	Phone
Name:Address:	
	terview your child(ren)? What information would I obtain from ther to reaching a resolution?
Names of any mental	health professionals who have seen either party or the children.
	s and concerns you want to address in mediation/dispute resolution d, use other side of paper)
Nature of the most rec	cent Motion, Case numbers and any upcoming Court dates:
Any additional backgr	round information you believe would be helpful to the mediator.
	round information you believe would be helpful to the mediator.  esidency/custody/access schedule.