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## **Family Mediation Intake Form**

**Instructions.** Your answers to these questions will form the structure for your family law mediation session. Please complete this form and return it to my office by mail, email, or by uploading it to your online portal through my website. You can print the form and handwrite your answers or you can type your answers directly into the form. Although you may not have all the information at this time, please answer the questions to the best of your ability. Your information will be handled with sensitivity and kept in strict confidence. Don't hesitate to call or email me if you have questions along the way.

### **Your Personal Information**

Full Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Previous Names: \_\_\_\_\_

Do you wish to change your name? \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

The best way to communicate with me is by: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you presently a member of the U.S. Military? \_\_\_\_\_

### **Your Spouse's Personal Information**

Full Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Previous Names: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Is your spouse presently a member of the U.S. Military? \_\_\_\_\_

### **Marital Information**

Marriage Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_

Ceremony (City/County/State): \_\_\_\_\_

Are you and your spouse currently living together? \_\_\_\_\_

Is there any chance at reconciliation? \_\_\_\_\_

Was abuse present in the marriage relationship? \_\_\_\_\_

Briefly Describe: \_\_\_\_\_

### **CHILDREN from Present Marriage (including legal adoption)**

Child's full name	Gender	Birthdate	Age	Social Security number	Living with whom?

Is there a current pregnancy involved in this case? \_\_\_\_\_

Is there a dispute involving the children? \_\_\_\_\_

Custody Dispute? \_\_\_\_\_

Other Dispute? \_\_\_\_\_

*NOTE: By statute, in any dissolution case in which custody is contested, the parties often must attend a court-approved parenting education program. Courts often order this even if custody is not contested. Children are sometimes required to attend separate classes as well to help them deal with the divorce. If required, the parties must file certificates of course completion in order to finalize the divorce.*

Are your children in Daycare? \_\_\_\_\_

Do you have childcare expenses? \_\_\_\_\_

Do you \_\_\_\_\_ or your spouse \_\_\_\_\_ have children from a prior marriage or relationship? Yes or No: \_\_\_\_\_ If so, what are their names and dates of birth? \_\_\_\_\_

## **Your Employment Information**

Are you employed? \_\_\_\_\_ Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

Reason not employed: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Net Monthly Income: \_\_\_\_\_

## **Your Spouse's Employment Information**

Spouse Employed? \_\_\_\_\_ Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

Reason not employed: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Net Monthly Income: \_\_\_\_\_

## **Your Education**

Highest level of education you've completed: \_\_\_\_\_

List any certificates/degrees: \_\_\_\_\_

## **Your Spouse's Education**

Highest level of education you've completed: \_\_\_\_\_

List any certificates/degrees: \_\_\_\_\_

## **Medical Insurance**

Do you have health insurance? \_\_\_\_\_

If so, who provides? \_\_\_\_\_

Does your spouse have health insurance? \_\_\_\_\_

If so, who provides? \_\_\_\_\_

Do your children have health insurance? \_\_\_\_\_

If so, who provides? \_\_\_\_\_

Do you have dental insurance? \_\_\_\_\_

Does your spouse have dental insurance? \_\_\_\_\_

Do your children have dental insurance? \_\_\_\_\_

**Asset Information**

**Homestead Information**

Legal Description: \_\_\_\_\_  
\_\_\_\_\_

Exact Name (s) on Title: \_\_\_\_\_

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

County: \_\_\_\_\_ Abstract or Torrens: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Amount of Mortgage: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**Additional Real Estate Information**

Legal Description: \_\_\_\_\_  
\_\_\_\_\_

Exact Name (s) on Title: \_\_\_\_\_

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

County: \_\_\_\_\_ Abstract or Torrens: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Amount of Mortgage: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**Business and Farm Assets**

Name of Business: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Approximate Value of Business: \_\_\_\_\_

Name of Person Operating Business: \_\_\_\_\_

*If farm property, please provide list of machinery, crops, leases, etc. and approximate value.*

**Cash and Bank Accounts**

Name of Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ P.O.D.? \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ P.O.D.? \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ P.O.D.? \_\_\_\_\_

**Investments: Securities, Stocks, and Bonds**

Name of Company: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

P.O.D.? \_\_\_\_\_ Account Value: \_\_\_\_\_

*If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share.*

Name of Company: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

P.O.D.? \_\_\_\_\_ Account Value: \_\_\_\_\_

*If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share.*

Name of Company: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

P.O.D.? \_\_\_\_\_ Account Value: \_\_\_\_\_

*If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share.*

**Life Insurance Information**

Name of Company: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Policy Value: \_\_\_\_\_

Beneficiary Information: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Policy Value: \_\_\_\_\_

Beneficiary Information: \_\_\_\_\_

**Vehicles (cars, boats, atvs)**

Type: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Est. Value: \_\_\_\_\_

Amount still owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Type: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Est. Value: \_\_\_\_\_

Amount still owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Type: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Est. Value: \_\_\_\_\_

Amount still owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Type: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Est. Value: \_\_\_\_\_

Amount still owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**Retirement Accounts (401(k), IRA), Pensions, Annuities**

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Other Assets**

Est. Value of Furniture/Household Goods: \_\_\_\_\_

Est. Value of Clothes and Jewelry: \_\_\_\_\_

Other Personal Property: \_\_\_\_\_

Other Personal Property: \_\_\_\_\_

Other Personal Property: \_\_\_\_\_

Other Personal Property: \_\_\_\_\_

**Debt Information**

**Mortgages**

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Amount Remaining: \_\_\_\_\_

Monthly Payment Amount and Due Date: \_\_\_\_\_

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Amount Remaining: \_\_\_\_\_

Monthly Payment Amount and Due Date: \_\_\_\_\_

**Other Debts**

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Debt Description: \_\_\_\_\_

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Debt Description: \_\_\_\_\_

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Debt Description: \_\_\_\_\_

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Debt Description: \_\_\_\_\_

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Debt Description: \_\_\_\_\_

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Debt Description: \_\_\_\_\_

### **Non-Marital Property**

Non-Marital Property is property that fits into several categories, such as: (1) things you owned before your marriage; (2) gifts, inheritance, bequests made by a third party to you and not your spouse; (3) things you got in exchange for your non-marital property; (4) appreciated value in your non-marital property; (5) things designated as non-marital property in a valid pre-nuptial contract. *Note that property can be partially marital and partially non-marital.*

Did you or your spouse enter into this marriage with non-marital money or property in excess of \$1,000? \_\_\_\_\_

If yes, please list:

<u>Property</u>	<u>Value</u>	<u>Date Purchased</u>


## **Necessary Monthly Expenses**

<b><u>EXPENSE</u></b>	<b><u>CURRENT</u></b>	<b><u>PROJECTED</u></b>	<b><u>WITH CHILDREN</u></b>
Mortgage Payment			
Rent			
House/Rental Insur.			
Real Estate Taxes			
Security System			
Electricity			
Heat			
Water			
Garbage			
Telephone (Landline)			
Cell Phone			
Internet			
Cable TV			
Food/Groceries			
Dining Out			
Assoc. Fee			
Home Repair			
Clothing			
Household Supplies			
Lawn Care/Snow Rem.			
Health Insurance			
Dental Insurance			
Prescriptions			
Eyeglasses & Contacts			
Auto Payments			
Auto Maintenance			
Gasoline			
Life/Disab. Insurance			
Auto Insurance			
Entertainment			
Hair Care			
Child Care			
Toiletries			
School Tuition			
School Activities			
Pet Expenses			

