



ARIZONA
MEDIATION
INSTITUTE

INTAKE SHEET

Date: _____

Full Legal Name (Party 1): _____

Address: _____

City: _____ State: _____ Zip _____

Home #: _____ Work #: _____ Cell #: _____

Fax #: _____ Email: _____

Age: _____ Date of Birth: _____ Social Security Number _____

Occupation: _____

Employer Name & Address: _____

Employer Telephone & Fax #: _____

Attorney of Record: _____ Accountant of Record: _____

Full Legal Name (Party 2): _____

Address: _____

City: _____ State: _____ Zip _____

Home #: _____ Work #: _____ Cell #: _____

Fax #: _____ Email: _____

Age: _____ Date of Birth: _____ Social Security Number _____

Occupation: _____

Employer Name & Address: _____

Employer Telephone & Fax #: _____

Attorney of Record: _____ Accountant of Record: _____

Date of Marriage: _____ City/State of Marriage: _____

Have any Arizona pleadings been filed: If so, please provide case no. _____

MINOR CHILD(REN) INFORMATION

MINOR CHILD(REN) NAME(S)	Age	Gender	D/O/B	SSN #

List all places where the minor child(ren) lived during the past five years. List also the name and current address of the person who had physical custody of the minor child(ren) during that period.

Period (from mm/yy to mm/yy)	Address (include street, unit number, city, state and country if outside United States)	Current name and address of person having physical custody of child(ren) during this period	Relationship to child(ren)

Does either party wish to have their former name restored? Yes _____ No _____

Former name: _____

Referred by: _____ Today's Date: _____

Mediator: _____

Mediation sessions are to be paid for at the time of service. However, it is impossible to predict the exact amount of time a mediator may spend drafting documents or on other mediation-related work, such as telephone conferences, etc. All time spent by the mediator and/or the staff of Arizona Mediation Institute, L.L.C. in excess of an actual session will be billed according to the time spent and the fees set forth in the Mediation Agreement and Guidelines. All statements for services rendered are due within ten (10) days of receipt. However, if a statement is not paid within that ten (10) day period, your credit card will be charged the balance of that statement. Please list the credit card you would like used to pay for services should this situation arise:

PARTY 1 CARD

Name on Card _____

Visa___ MasterCard ___ Discover ___ American Express ___ (check one)

Credit Card # _____

Expiration Date: _____ Credit Card Security Code: _____

Street # of Billing Address: _____ Zip Code: _____

Authorized Signature of Card Holder

Date

PARTY 2 CARD (if fee is being split)

Name on Card _____

Visa___ MasterCard ___ Discover ___ American Express ___ (check one)

Credit Card # _____

Expiration Date: _____ Credit Card Security Code: _____

Street # of Billing Address: _____ Zip Code: _____

Authorized Signature of Card Holder

Date