

Julie Wiechens, MSW, LCSW

Mediation Services

CONFIDENTIAL CLIENT PERSONAL HISTORY AND BACKGROUND

This information in this questionnaire will help me assess the communication dynamics between you and your spouse and will also help me assess how to best handle your case. When you are answering this questionnaire, please give pertinent information not only for yourself, but also your spouse and any other people who are significantly involved in this matter. Your information will be kept confidential. I will not share this information with anyone, even with your spouse, unless you give me permission to do so. NOTE: This is an exception to the general rule that information disclosed during the mediation process must be shared with our spouse.

I. BASIC INFORMATION

Full Name: _____ Soc. Sec. # _____

Age and Date of Birth: _____

Home Tel: (____) _____ Work Tel: (____) _____

Cell Tel: (____) _____ Preferred # to reach you: _____

Home Address: _____

Employer's Name and Address: _____

Job Title: _____ Full time or Part time? _____

Spouse's Full Name: _____

Spouse's Date of Birth & Age: _____

Date of Marriage: _____ Date of Separation: _____

Children's names, ages, dates of birth and SSN's – for all children born during the marriage and all children born prior to the marriage with your spouse as biological parent:

a) _____

b) _____

c) _____

d) _____

Under whose health insurance policy are the children now covered? _____

Prior Marriages: _____

II. FINANCIAL AND EMPLOYMENT HISTORY

Places of employment and positions held for the last 5 years:

Income for each of the last 5 years: _____

How do you feel about your current job? _____

How many hours do you work every week? _____

III. EDUCATION AND SPECIAL TRAINING

IV. RELIGIOUS AFFILIATION AND EXTENT OF INVOLVEMENT

V. HEALTH AND MEDICAL HISTORY OF IMMEDIATE FAMILY (you, spouse, children, parents)

General physical, mental, and emotional health over the past 5 years:

You: _____

Spouse: _____

Children: _____

Parents: _____

Do you have any significant health problems, whether physical, mental or emotional?

Does your spouse have any significant health problems, whether physical, mental or emotional? _____

Does any child have any significant health problems, whether physical, mental or emotional? _____

Do your parents have any significant health problems, whether physical, mental or emotional, and if so, are you involved in their care? _____

Have you had issues or problems concerning gambling, alcohol, drug or substance abuse?

Same question for spouse:

Same question for children:

Briefly describe any treatment or rehabilitation that you, your spouse or your children have had: _____

Have there even been issues of physical or sexual abuse involving you or one of your siblings? Please explain what happened and when.

Are you and/or your spouse currently in counseling or therapy? If so:

Counselor/Therapist: _____

Reasons for counseling/therapy and goals: _____

What previous experience have you had with counseling or therapy – with whom, when and for how long? _____

VI. FAMILY, FRIENDS, AND COMMUNITY

Who do you turn to in times of stress or trouble, for support?

Name

Relationship

Name	Relationship
_____	_____
_____	_____
_____	_____

If you have been married before, what is your relationship with your former spouse?

What are the significant organizations, community activities, hobbies or recreational activities in which you are involved? _____

VII. LEGAL ISSUES

Are you currently involved in any litigation or legal issues? If yes, who is your attorney and what is the litigation about? _____

Have you previously been involved in any litigation or legal issues – i.e. divorce, bankruptcy, employment dispute, personal injury, etc.? If yes, when and for what reason? _____

Do you have arrests or convictions? If so, give details: _____

Does your spouse have any arrests or convictions? If so, give details: _____

VIII. YOUR MARRIAGE

What are the most difficult issues facing you today in your marriage (i.e. money, sexual relationship with spouse, sexual relationship with someone else, issues about the children, drug/alcohol/substance abuse)?

For each of the following issues, characterize your ability to talk with your spouse about that issue.

You can use this list as a guideline:

- Unable to talk about this issue at all.
- Sometimes able to talk about the issue.
- Possible to talk about the issue if someone else is present.
- No problem talking about this issue.
- Not applicable (N/A).

Issues:

Ability to Communicate with Spouse:

- | | |
|---|-------|
| 1) Money | _____ |
| 2) Sexual relationship with spouse | _____ |
| 3) Sexual relationship with some else | _____ |
| 4) Discipline of Children | _____ |
| 5) Behavior of Children | _____ |
| 6) Expectations in marriage (what you want your spouse to do) | _____ |
| 7) Unhappiness in marriage (how you feel about your current relationship) | _____ |
| 8) Abuse by spouse of drugs, alcohol | _____ |
| 9) Gambling | _____ |
| 10) Other – please specify | _____ |

When you and your spouse disagree or when you are angry with your spouse and /or your children, how does that disagreement and /or anger express itself? Who is doing what to whom? Answer for both you and your spouse. If neither or you have EVER engaged in a behavior, put N/A for Not Applicable. But if a behavior has occurred even once, please share that with me:

Shouting/Loud Voice:

- Name Calling:
- Threats of physical harm:
- Threats of suicide:
- Other kinds of threats – what is their content?
- Blocking exit:
- Spitting:
- Throwing objects/breaking objects:
- Shoving:
- Hair pulling:
- Grabbing around the neck:
- Knocking to the ground:
- Hitting/Slapping:
- Kicking:
- Displaying a weapon (knife, gun):
- Threat to kill:
- Attempt to kill:

IX. DESIRED OUTCOMES/ADDITIONAL COMMENTS

What are the most important things that you would like to see happen in this mediation process? What outcome would you like to see for yourself, your spouse and your children?

Do you have any concerns about your ability to “stand up” to your spouse in mediation? If so, how will I know when you are having difficulty?

If there anything else you would like me know about you or your marriage?

Signature of Client

Date