

Intake Form

ROCK COUNTY MEDIATION AND FAMILY COURT SERVICES
51 SOUTH MAIN ST, FLOOR 2, SUITE 241, JANESVILLE, WI 53545-3951
(608)757-5546 FAX (608)757-5640

Information you provide on this form is confidential, except for that which is of public record or provided in court documents.

Date: _____ / _____ / _____ COURT CASE NO. _____

Your Name: _____ Other Parent's Name: _____

Were you ever married to this parent? Y N

Name of your Attorney (if represented): _____

Do you have a future court date scheduled? N Y If yes, date: _____

Name of your current Partner: _____

Your Mailing Address: _____ (Apt. #) _____

City/Town: _____ County: _____ State: _____ Zip Code: _____

Your Date of Birth: _____ / _____ / _____ (Age: _____) GENDER: F M Other

Phone (H): (_____) _____ (Cell): (_____) _____

(W): (_____) _____ Ext: _____ EMAIL: _____

Employer: _____ Days you work: M T W Th F Sa Su

Hours you work: _____

Please identify any special needs you require at this time. (i.e. wheel chair, interpreter, etc.) _____

Identify one good thing about the other parent: _____

1. List the first name, middle initial, and last name(s) & date(s) of birth of each child you share with the other Parent named above. Please provide a brief description of each child's special needs, if any.

Child #1 _____ DOB: _____ Gender: F M Other

Special Needs: _____

Child #2 _____ DOB: _____ Gender: F M Other

Special Needs: _____

Child #3 _____ DOB: _____ Gender: F M Other

Special Needs: _____

Child #4 _____ DOB: _____ Gender: F M Other

Special Needs: _____

2. Are your children presently seeing a counselor? Y N
Name/agency of counselor (if applicable) _____

3. Who provides transportation when exchanging the children? _____

4. Currently, when are the children with each parent?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mother:							
Father:							

5. How do you currently exchange information about the child/ren? _____

6. How do you rate your communication with the other parent on issues related to the child/ren?
(#1 is lowest / #10 as highest) _____

7. Is your Court case:

- Initial (new) divorce Post-divorce Paternity

When? _____ In what County? _____ State? _____

A) Who filed the current motion before the Court? You Other Parent Other Party

B) Is there a Court Order for Legal Custody and/or Physical Placement? N Y

8. Are you using a communications website such as OurFamilyWizard.com, 2houses.com, or TalkingParents.com?

If so, which one are you using _____. Was this Court Ordered YES NO

9. Are you attending Co-Parenting Counseling? YES NO Was this Court-Ordered: YES NO

10. What issues do you hope to resolve in mediation?

- Periods of Physical Placement with parents (formerly called "visitation")
- Legal Custody (major decisions such as school, religion, childcare, etc.)
- Non-parent visitation (grandparent/step-parent, etc.)
- Moving child from state or 150 miles or more within Wisconsin
- Other (please be specific): _____

11. Are there any situations with this parent or child, past or present, that involve any of the following:

- Child Protective Services (CPS) (Dates: _____ to _____) State: _____ Permission to
Name of Social Worker: _____ Phone: _____ contact CPS YES
- Supervised Exchanges (Dates: _____ to _____)
- ** Domestic Abuse Injunction (Dates: _____ to _____)
- ** Restraining Order (Dates: _____ to _____)
- ** No Contact Order (Dates: _____ to _____)
- ** Any situation between you and the other parent involving law enforcement and/or threats, shoving, pushing, hitting, etc. Were any of these incidents reported? N Y

If yes, To whom? _____ Date(s): _____

***IF YOU HAVE CONCERNS ABOUT YOUR PHYSICAL SAFETY WHILE ATTENDING ORIENTATION OR MEDIATION, PLEASE CALL THE MANAGER OF MEDIATION & FAMILY COURT SERVICES AT (608) 757-5549 IMMEDIATELY.

12. Please indicate concerns regarding any of the following:

You Other Party

A) Drug or Alcohol Abuse Explain: _____

B) Mental Illness Explain: _____

C) Criminal Case Pending Explain: _____

D) On Probation/Parole Explain: _____
Name of PO: _____ Phone: _____

E) Child Abuse Explain: _____
Concerns of child abuse reported to _____ Date(s): _____

Thank you. Our hope is that your mediation experience is a positive one. If you have questions about the decision making process of mediation, please know your call is welcome anytime.

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