

Request for Divorce Mediation

Instructions:

1. Print out all pages of this form.
2. Fill out the form as completely as possible attaching additional pages where necessary (please type or print legibly).
3. Sign and date at the bottom where indicated.
4. Submit the completed form along with a copy of any Order of Reference to Mediation which has been issued in the matter by postal mail or facsimile transmission to...

Post Office Address:

The Law Office of Jonathan L. Stein
Two Brentwood Commons, Suite 150
750 Old Hickory Boulevard
Brentwood, TN 37027

Facsimile Number:

(615) 373-1582
Please include a cover sheet

5. Contact your spouse, or their attorney if represented, and ask that they also download, complete and submit a Request for Divorce Mediation. Forms are available for download at www.jonsteinlaw.com.

Scheduling:

We will contact you to schedule a Pre-Mediation Conference after both parties have submitted a Request for Divorce Mediation.

Pre-Mediation Conference:

A teleconference with both parties, or their attorneys if represented, shall be held prior to the first mediation session to gather background information, answer questions and set the date for the first session.

Preparation:

Please download the Mediation FAQ form available at www.jonsteinlaw.com and read through it carefully.

Request for Divorce Mediation

Name: _____
Address: _____

Daytime Telephone: _____ Ext. _____
Email Address: _____

Does anyone else have access to this email account (check one)? Yes No

Date of Marriage: _____ Place of Marriage: _____

Do you still reside with your spouse (check one)? Yes No

If No, provide the date of separation: _____

Are there any children of the marriage (check one)? Yes No

If Yes, provide the following information for each child...

<u>Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Child Resides With</u>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Me <input type="checkbox"/> My Spouse
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Me <input type="checkbox"/> My Spouse
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Me <input type="checkbox"/> My Spouse
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Me <input type="checkbox"/> My Spouse
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Me <input type="checkbox"/> My Spouse

Are there any allegations of domestic violence (check one)? Yes No

If Yes, provide a brief description: _____

Are there any allegations of sexual abuse (check one)? Yes No

If Yes, provide a brief description: _____

Have you retained an attorney to represent you (check one)? Yes No

If Yes, provide the following information...

Attorney Name: _____ BPR #: _____
Firm: _____
Address: _____

Telephone: _____ Ext. _____
Facsimile: _____
Email: _____

Are there any Court Orders in effect (check one)? Yes No

If Yes, describe the Order(s): _____

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Has an action for divorce been filed with any Court (check one)? Yes No

If Yes, provide the following information...

I am the (check one): Plaintiff Defendant

Court (include County): _____

Case/Docket number: _____

Date of filing: _____

Grounds for Divorce: _____

Has Mediation already been attempted (check one)? Yes No

If Yes, provide the following information...

Outcome (check one): Successful Partially Successful Unsuccessful

Mediator's Name: _____

Address: _____

Telephone: _____ Ext. _____

Facsimile: _____

Email: _____

What issues do you hope to resolve in Mediation? _____

Is property to be divided (check one)? Yes No

If Yes, provide a list all assets with an estimated value in excess of \$5,000.00 specifying whether each is marital or separate property: _____

What documents do you hope to obtain at the conclusion of Mediation (check all that apply)?

Memorandum of Understanding Marital Dissolution Agreement Parenting Plan

Do you or your attorney require any special accommodations (check one)? Yes No

If Yes, describe these special needs: _____

I hereby certify that the foregoing information is true and accurate to the best of my knowledge:

Print Name

Signature

Date