

**MEDIATION QUESTIONNAIRE**

**1. FIRST PARTY**

Full Legal Name: \_\_\_\_\_

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

\_\_\_\_\_ County: \_\_\_\_\_

\*\*\*Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

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

Phone #: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ YES \_\_\_\_\_ NO      Georgia Resident: \_\_\_\_\_ YES \_\_\_\_\_ NO

Occupation/Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Military:      \_\_\_\_\_ Not Applicable      \_\_\_\_\_ Active      \_\_\_\_\_ Retired

Education:      \_\_\_\_\_ High School      \_\_\_\_\_ College      \_\_\_\_\_ Other

Other Names: \_\_\_\_\_

**2. SECOND PARTY**

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

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

\_\_\_\_\_ County: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ YES \_\_\_\_\_ NO      Georgia Resident: \_\_\_\_\_ YES \_\_\_\_\_ NO

Occupation/Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

GENERAL QUESTIONNAIRE  
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Military: \_\_\_\_\_ Not Applicable \_\_\_\_\_ Active \_\_\_\_\_ Retired.

Education: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Other

Special Skills: \_\_\_\_\_

Other Names: \_\_\_\_\_

**3. OTHER PARTY'S ATTORNEY (If Applicable, Please Circle)**

Name of Attorney: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

**4. PREVIOUS LEGAL MATTERS**

Is there any pending Court Case in this matter? \_\_\_\_\_ YES \_\_\_\_\_ NO

Who filed? \_\_\_\_\_

When was it filed? \_\_\_\_\_

County filed in: \_\_\_\_\_

Case #: \_\_\_\_\_

Judge: \_\_\_\_\_

Status of the Case: \_\_\_\_\_

Has there ever been any family violence action filed between the parties? \_\_\_\_\_ YES \_\_\_\_\_ NO

Who filed? \_\_\_\_\_

When was it filed? \_\_\_\_\_

County filed in: \_\_\_\_\_

Case #: \_\_\_\_\_

Judge: \_\_\_\_\_

Resolution of Case? \_\_\_\_\_

Facts of the Case? \_\_\_\_\_

**5. PURPOSE OF MEDIATION (Please State Dates of Events as Well):**

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**Does this Case involvement the Department of Family and Children Services (“DFCS”) and/or Department of Aging Services?  YES  NO**

I certify that the foregoing information is true and correct to the best of my knowledge.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Client Signature