

Mediation and Collaborative Practice of

Karen D. Russell

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Personal Information

Your full name _____

Former name (if applicable): _____

Home address: _____

Mailing address: _____

Home telephone: _____ Cell: _____

Birthdate: _____ Place of birth: _____

Your employer: _____

Address: _____

Work telephone #: _____

E-Mail: _____

Length of employment: _____ Position: _____

Approximate monthly gross pay: \$ _____

Marital Information

Date of marriage: _____ Date of separation: _____

Place of marriage (including state) _____

Lived together prior to marriage? _____ Starting: _____

Were you previously married? _____ Dates: _____

How many children by prior relationship? _____

How many live with you/how much do you pay for support? _____

Has any legal action regarding your marriage been filed with the court? (If yes, who initiated the action?) _____

MINOR CHILDREN

Name Age Birthdate Sex With Whom Living

Any special circumstances(health problems, handicaps, educational requirements: _____

Current time sharing arrangement regarding the children: _____

Are there any problems with the current arrangement? How would you change it?
