

\_\_\_\_\_ ,

Plaintiff

Vs.

\_\_\_\_\_ ,

Defendant

§ IN THE COURT OF COMMON PLEAS

§ OF

§ INDIANA COUNTY, PENNSYLVANIA

§

§

§

§ NO. \_\_\_\_\_

§

### MEDIATION QUESTIONNAIRE

I, \_\_\_\_\_, the Plaintiff ( ) or Defendant ( )

(Please Print Name)

(Check one) undersigned below, hereby certify that the following information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_

(Please Sign Name)

\_\_\_\_\_, 20\_\_\_\_

(Date)

I am ( ), am not ( ) represented by an attorney. My attorney's address and telephone number is as follows:

\_\_\_\_\_ Esquire

\_\_\_\_\_ (Address)

\_\_\_\_\_  
\_\_\_\_\_ (Phone including Area Code)

My address and telephone number is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_

Educational background: \_\_\_\_\_

Brief description of current residence: \_\_\_\_\_

Subject children of this action:

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Grade Level</u>	<u>School</u>

Other children in household:

<u>Name</u>	<u>Age</u>	<u>Relationship to Party</u>

Marital/Cohabitation History:

Date of Marriage or Cohabitation: (if applicable) \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Cause of Separation: (brief explanation) \_\_\_\_\_

Date of Divorce: (if applicable) \_\_\_\_\_

Is a divorce action pending? \_\_\_\_\_

Current Marital Status/Living Arrangements: \_\_\_\_\_

(i.e.): Remarriage or Cohabitation – provide name of new spouse or cohabitant

Procedural History:

Verbal Custody/Visitation Arrangements: (Describe arrangement with applicable dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Written Custody/Visitation Arrangements: (Summarize arrangement and applicable dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Orders of Court: (Summarize or Attach, including Orders from foreign jurisdictions and dates of entry)

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Current Custody/Visitation Arrangement: \_\_\_\_\_

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Proposed changes in current custody/visitation arrangement: \_\_\_\_\_

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Does child(ren) have any special needs? \_\_\_\_\_

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Have home studies or psychological evaluations been completed? If so, by whom and dates:

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What is your present employment status?:

( ) Employed      ( ) Unemployed      ( ) Unable to Work      ( ) Other

Do you work in the home? \_\_\_\_\_yes      \_\_\_\_\_no

Do you work in the town in which you reside? \_\_\_\_\_yes      \_\_\_\_\_no

If, no, how far do you commute? \_\_\_\_\_miles.

Does your employment take you out of town? For how long? How often? Explain:

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Name, Address and Phone Number (including Area Code) of each employer or your own business:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____

Circle the days you work:

M T W TH F SAT SUN From \_\_\_\_\_ to \_\_\_\_\_  
M T W TH F SAT SUN From \_\_\_\_\_ to \_\_\_\_\_

Do you work any type of alternating or unusual shifts? Explain:

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Is your employer ( ) flexible or ( ) inflexible about working around your child custody/visitation needs?

How long have you worked for this employer? \_\_\_\_\_ #1 \_\_\_\_\_ #2

State your present physical/mental condition:

( ) Good ( ) Fair ( ) Poor

Are you presently under a doctor's care? Explain your condition:

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Name of Doctor: \_\_\_\_\_

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

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

Are you taking any prescription drugs? \_\_\_\_\_ yes \_\_\_\_\_ no.

If yes, Name of Drug \_\_\_\_\_ Amount (mg./day etc.) \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ yes \_\_\_\_\_ no. If so, how much?

\_\_\_\_\_ heavy \_\_\_\_\_ moderate \_\_\_\_\_ occasionally

Have you remarried? \_\_\_\_\_ Are you cohabiting? \_\_\_\_\_

What is the person's name? \_\_\_\_\_

Does he/she have children? If so, what ages, sexes and with whom do they reside?

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When did you remarry? \_\_\_\_\_ When did you begin cohabitation? \_\_\_\_\_

Does the other party to this action know your current spouse or cohabitant? \_\_\_\_\_

Explain: \_\_\_\_\_

How long have you known your current spouse or cohabitant? \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

Do your children know them? \_\_\_\_\_ For how long? \_\_\_\_\_

Have you filed in the Prothonotary's Office a completed Criminal Record / Abuse History

Verification Form according to Pa.R.C.P. 1915. 3-2. Criminal or Abuse History?

No \_\_\_ / \_\_\_ Yes = Date Filed: \_\_\_\_\_

FACTORS, CONDITIONS AND/OR CONCERNS I CONSIDER VERY IMPORTANT THAT I WOULD ASK BE TAKEN INTO ACCOUNT BY THE MEDIATOR WHEN ENDEAVORING TO PROVIDE THE BEST SITUATION FOR THE CHILDREN IN THE ACTION ARE AS FOLLOWS: [Use extra pages, if necessary]

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**WAIVER OF MEDIATION COMMUNICATION PRIVILEGE**

**I understand that the Child Custody Mediator will make a report of the Mediation proceedings to the Court. The Report may be made available to professionals requested to perform evaluations or provide treatment to the parties and/or children. The Report may contain information about settlement discussions, including the final positions of the parties if agreement is not reached. I waive the privilege of 42 Pa. Con. Stat. Ann Section 5949 in regard to mediation communications occurring during the Child Custody Mediation Conference in respect to the Mediator's Report**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**