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**Intake Form and Questionnaire
For Confidential Mediation**

Name _____ Date of Birth _____

Address _____

Occupation _____

Education: (Schools attended and degrees)

Your Attorney's Name & Phone #: _____

Children

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Preference for Parenting Plan _____

Marriage/Status

Date of Marriage _____ Date of Separation _____ Length of Marriage ____/____(Y/M)

Has divorce petition been filed? N/Y Date _____ Filed by: _____

Are there Temporary Child Custody Orders in effect? No ____ Yes ____

If yes, what is the current Child Custody Order? _____

In the past year have you been in marriage counseling? Y/N

What are your goals for mediation? _____

What is your greatest concern about separation and/or divorce? _____

Are there any issues that you feel could negatively affect efforts to reach a mediated resolution?
