

**INFORMATION SHEET**

**INSTRUCTIONS**

**THIS FORM MUST BE COMPLETED IN FULL. PLEASE RETURN TO CONCILIATION COURT SERVICES, AT LEAST 72 HOUR PRIOR TO YOUR APPOINTMENT.**

If a question does not apply, write "N/A" next to the question. If you have any questions, please contact The Mediation Center at:

Superior Court of Mohave County  
Conciliation Court Services  
"The Mediation Center"  
809 East Beale Street  
P.O. Box 7000  
Kingman, AZ 86402-7000  
(928) 753-0795  
Fax (928) 718-5557

**PLEASE TYPE OR PRINT NEATLY WITH BLACK OR BLUE INK.**

**PERSONAL INFORMATION**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Your Name Case Number
  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
Mailing address: Street/P.O. Box Telephone Number (Home or Cell)
  
- \_\_\_\_\_ Telephone Number (Wk)
  
5. \_\_\_\_\_  
Attorney of Record Name Attorney of Record Telephone Number
  
6. Name(s) and birthdate(s) of minor child(ren) in this case are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Where and with whom are the children currently residing? \_\_\_\_\_  
\_\_\_\_\_
  
8. Please complete any of the following that apply to the children's parents:  
a. Date of Marriage \_\_\_\_\_ b. Date of Separation \_\_\_\_\_  
c. Date of Divorce \_\_\_\_\_
  
9. If you have remarried, please indicate the date you were remarried: \_\_\_\_\_
  
10. If the parents were never married, was paternity established through the Court?  
x Yes x No

11. Has either party or any child in this case been a victim of abuse, violence or threats of violence by the other party?  Yes  No  Unsure. If yes or unsure, please explain:

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12. If violence has occurred, did it occur during the marriage/relationship?

Yes  No

After the separation?  Yes  No

Were weapons involved? Yes No

When was the last time it occurred? \_\_\_\_\_

Please describe: \_\_\_\_\_

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13. If violence or abuse has occurred, please list the names of any agencies (including police, sheriff, child protective services, justice of the peace, etc.) that have been involved. \_\_\_\_\_

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14. Please list any fears or concerns you have regarding the other party. \_\_\_\_\_

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15. Please list any concerns you have regarding involvement by Conciliation Court Services Staff. \_\_\_\_\_

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16. Is there a Restraining Order or Order of Protection currently in effect.

Yes  No

17. If you have any additional comments or concerns, please list them.

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18. Please list dates of any upcoming Court hearing that you are aware of:

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19. Please provide the following. (Check appropriate box).

RACE/ETHNICITY

Am. Indian or Alaska Native	<input type="checkbox"/>	Caucasian (White)	<input type="checkbox"/>
Asian America/Pacific Islander	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
African American (Black)	<input type="checkbox"/>	Other	<input type="checkbox"/>

20. Please provide the following. (Check appropriate box).

ANNUAL INCOME

Less than \$10,000	<input checked="" type="checkbox"/>	\$10,000-19,000	<input checked="" type="checkbox"/>
\$20,000-29,000	<input checked="" type="checkbox"/>	\$30,000-39,000	<input checked="" type="checkbox"/>
\$40,000 or more	<input checked="" type="checkbox"/>		

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Name

\_\_\_\_\_  
Respondent's Name

**NOTE:** If you have answered YES to questions 11 – 12, the Mediation Center may contact you to discuss any additional concerns which are not mentioned here. This is to ensure you are provided with a safe and secure environment during your Mediation process.