

INFORMATION GATHERING CHECK LIST

Client Name _____ Prefers to be called _____

Phone _____ Address _____

Email _____ Attorney _____

Date of first contact with mediator _____ Court ordered? Y N Referred by _____

Mediation Fee \$150/\$225 co-mediators due with signed agreement

Names, gender, ages of child/ren _____

Please answer the following:

1. Name and address of day care provider/s
2. Name and address of daycare
3. Name and address of pediatrician
4. Name and address of dentist
5. Name and address of school
6. Extracurricular activities, schedule, and child/ren participating
7. Residence/s of parent
8. If residing together, do you feel safe and comfortable being in the same room with child/ren's other parent?
9. Current communication between parents (text, email, phone, face to face)
10. How have decisions regarding children been made in the past?
11. Child/ren with special needs, please explain:

Please return INFORMATION GATHERING CHECK LIST along with the following, at least one (1) week prior to mediation appointment:

1. Signed mediation agreement
2. Parenting worksheet
3. Pay stubs or income tax returns for past two years
4. Tax credits
5. \$150 deposit (cashier's check or money order made out to Leisa Watkins)

Mailing address: Leisa Watkins, Mediator, P.O. Box 297, Lewisville, ID 83431