

Focused on what is important to you.

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Mediation Client Information Questionnaire

It is important that you complete the following questionnaire as fully and accurately as possible. You will be paying for the time that your mediator spends on your case and you will save fees by providing her with complete information at the earliest possible time. This form is intended to alert your mediator to issues which need special attention and to provide necessary information. Your mediator does not know the facts as well as you do. Complete this form to the best of your ability and provide your mediator with all relevant documentation, including copies of your tax returns for the past two years. If you have a financial statement, please include it. Please also provide your mediator with copies of any and all court filings. Pages 6-7 of this questionnaire will not be shared with the other party. If you need additional space, please feel free to attach extra pages.

*Dequired fields to be completed prior to turning into The Downelds Law Firm

Required fields to be completed p	onor to turning into The Reynolds Law Firm.
Your full legal name:*	
Preferred name:	Today's date:
Attorney's name:	
Home address:*	
City/State/Zip:*	
Home phone:	Work phone:
All names previously used, including	ng maiden (if applicable):*
Date of Birth:*	Birthplace:* (State, Territory, or Foreign Country)
(Month/Day/Tear)	(State, Territory, or Foreigh Country)
Social Security Number:*	ID or Driver's License number:*
	Place of marriage:
	(City, County, State)
Are you physically separated:	Date of separation:
How many times married?	How did they end?
Do you have a new partner?	If so, name of new partner?
Are you an Oregon resident?	For how long?

Educ	cation (specify only highest grad	e completed):	
Elem	nentary/Secondary (1-12):	College (1-4 or 5+):	
Emp	loyer:	Position:	
How	long with this employer?		
Net r	monthly income (wages, interes	, etc.):	
Gros	— s monthly income (wages, inte	est, etc.):	
Cour	nselor/Therapist:		
Curr	 ently? Individual? Couple?		
CHIL	DREN OF THIS MARRIAGE (ncluding adult and deceased child	ren)
Full I	_egal Name	Date of Birth/Date of Death	SS#
Num	her of children of this marriage	Number of children not of thi	s marriage:
INGIII	ber of efficient of this marriage	Number of children <u>not</u> of thi	3 mamage
1.		ng arrangements? (include any ch	
2.		rangements?	
3.	How could these parenting a	rangements be improved?	
4.	Please describe your employ	nent or daily activities:	
5.	How do you like to spend you	free time?	

Street Address		City	Sta		or market analyses.) Approximate Value Of Loan Balance
PERSONAL P Vehicles (inclu			 trailers, RV	s, etc.)	
Year, Make & Mod	del	Lic # & State	Used By	Blue Book Va	lue Loan Balance
Checking and	Savings A	Accounts (Plea	ase provide	e copies of curr	ent statements)
Name of Bank, CU, or S&L	Branch	Whos	e Name	Savings or Checking	Current Balance
		snecially cons	idered in th	ne mediation (c	ollections, china,
Valuables you jewelry, etc.)	would like	specially cons			

		<u> </u>
business inter	rests and investmer	erty, including stocks, partnership interests, other of the other hands are not listed above. It is a vant documentation.
INSURANCE		
	e? Please describe	al/dental/optical, etc. insurance coverage, if any, does company, coverage, deductible, paid for directly or
Life Insuranc	ce:	
Company	Policy #	Type (Term, Universal, Whole, etc.) Cash Value
	•	Pensions, Profit Sharing Plans, Annuities, etc. Please copies of current statement/valuations.) Terms Present Value

laxes is there a tax	refund due to either y	ou or your spouse?	
How much?			
Debts (Including all	mortgage, auto and cr	redit card payments)	
Name of Creditor	For What?	Balance Owing	Monthly Payment
			·

This request for information is continuing. Should additional information become known during the mediation, or the information provided need updating, please provide this further information to your mediator at the earliest opportunity. Thank you.

CONFIDENTIAL

Responses to the following questions are confidential between you (individually) and the mediator.

Please describe any things you would like recognized or acknowledged by your partner:
Please describe any things you would like recognized or acknowledged by your partner:
Please describe any particular concerns you may have about entering into mediation:
Please describe how disagreements were typically handled in your relationship:
Is there current physical, emotional, or mental abuse or other intimidation in the relationship which might make it difficult for you to engage in mediation or be in the same room with your spouse? Please describe:

Are you interested in reconciliation?
Is there any other relevant information you would like your mediator to be aware of?