



7935 Stone Creek Drive Suite #30
Chanhassen, MN 55317
952 401-7599

Intake Form – Divorce or Custody

Name _____ Date _____

Address _____ City _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____ Email _____

Name of Employer _____ Title/position _____

Full time Part time Number of years employed _____

Date of marriage _____ Date of separation _____

Names and ages of children _____

With whom are the children living? _____

Was abuse present in the marriage relationship? Yes No If yes, also complete 2nd page

If yes, what type? Physical Emotional Chemical Other: _____

Have you had or are you now in counseling? Yes No

If yes, with whom? _____

Do you have an attorney? Yes No If yes, who? _____

What are your areas of greatest concern? _____

Who referred you to Johnson Mediation? _____

May we send a thank you note to the above named referral source? Yes No

If yes, what is their address or phone number? _____

For office use only

Mediator _____ Outcome _____

Comments _____

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Client's Name: _____ Date _____

Note: Your answers will be kept **CONFIDENTIAL** and will not be shared with your spouse.

In order to mediate issues when there has been abuse, the mediator needs to assess the level and potential of abuse and establish boundaries about safety before issues can be mediated.

Please mark whether you ("self") or your spouse has done any of the following to the other:

	Self	Spouse
A. Not physically violent		
1. Discussed issue calmly	_____	_____
2. Sulked, refused to talk, withdrew affection or sex to punish	_____	_____
3. Stomped out in order to punish	_____	_____
4. Screamed, insulted or swore at the other	_____	_____
5. Verbally pressured the other to have sex	_____	_____
6. Threatened to leave the marriage or relationship	_____	_____
7. Threatened punishment other than physical (e.g., withholding money, taking away children, having an affair)	_____	_____
B. Indirect Threats of Violence		
1. Restricted physical movement or social contact	_____	_____
2. Intentionally interrupted the other's sleeping or eating	_____	_____
C. Direct Threats of Violence		
1. Threatened to hit or throw something at the other	_____	_____
2. Threw, hit, or kicked something	_____	_____
3. Drove recklessly to frighten the other	_____	_____
4. Directed anger at or threatened the children	_____	_____
5. Directed anger at or threatened the pets	_____	_____
6. Threatened suicide	_____	_____
D. Direct Violence		
1. Threw something at the other	_____	_____
2. Pushed, carried, restrained, grabbed, shoved, wrestled the other	_____	_____
3. Slapped or spanked the other	_____	_____
4. Bit or scratched the other	_____	_____
5. Threw the other bodily	_____	_____
E. Severe Violence		
1. Choked or strangled the other	_____	_____
2. Physically forced sex on the other	_____	_____
3. Punched or kicked the other	_____	_____
4. Burned the other	_____	_____
5. Kicked or punched the other in the stomach when pregnant	_____	_____
6. Beat the other unconscious	_____	_____
7. Threatened with knife, gun or other weapon	_____	_____
8. Used any weapon against the other	_____	_____