

Attorney Questionnaire / Family Law Mediation

The following information is needed to prepare for the family law mediation session involving your client. Please complete and return to Kevin Ahrenholz, P.O. Box 178, Waterloo, IA 50704.

The Petitioner's contact information is:

Name: _____ Phone: _____

Address: _____

Email address: _____

Attorney information (Name, address, phone number, email address):

The Respondent's contact information is (if available to you):

Name: _____ Phone: _____

Address: _____

Email address: _____

Attorney information:

Will either party be applying for an exemption from mediation?

Do you anticipate settling all issues without court intervention, or the need for mediation?

To your knowledge, is either party seeking an Order on Temporary Matters?

Is there a pending deadline before which mediation must occur, and if so, when?

Do you anticipate that the attorneys will attend the mediation session?

Do you or your client have a preference or any objections on whether mediation occurs with the parties together in one room, or in separate rooms with the mediator going between rooms? Please specify any preferences or objections:

Is there a history of domestic violence between the parties that might hinder the mediation process?

When would be the best time for the mediator to schedule a mediation session (i.e. now, next week, next month, after a certain contingency is met, etc.)?

If my office locations are not convenient for a party, or are booked on the date we select for mediation, are you able to offer your office as a potential suitable venue? (Two conference rooms or offices are ideal).

Do you anticipate that any party may not be personally available to attend mediation due to residential proximity? If so, do you consent to a telephone mediation session?

Which of the following issues are relevant to this proceeding (check all that apply):

Child placement; Visitation schedule; Property/debt distribution;
 Alimony; Child Support; Contempt application; Temporary Matters;
 Other: _____

Has the Respondent been served? _____ Filed a responsive pleading? _____

Check boxes next to items you are enclosing on behalf of your client when returning this document (optional). These are items the mediator may be seeking from your client prior to or during mediation that may help in the process:

<input type="checkbox"/> Affidavit of Financial Status	<input type="checkbox"/> Tax Return
<input type="checkbox"/> Pleadings (Petition / Temporary Orders)	<input type="checkbox"/> Credit Report
<input type="checkbox"/> Pay stubs / payment advices	<input type="checkbox"/> Child support worksheets
<input type="checkbox"/> Payment of \$160 on behalf of client	<input type="checkbox"/> Other: _____

** Please advise your client that payment of \$160.00 is due from each party at least one day prior to the mediation session, and that we accept credit cards by calling our front desk during business hours at 319-234-1766. This will cover two hours of the mediator's time, and a final billing statement for any excess time spent on the matter will be mailed to the parties following mediation.