

HETSLER MEDIATION & VALUATION, INC.
(T)888-558-5497
(F) 904-531-3003
(E) jaxmediator@jaxmediator.com

Please fill out this short questionnaire prior to our meeting.

PETITIONER: _____ (this is the person filing for the divorce)

PETITIONER IS THE (circle one) HUSBAND WIFE UNKNOWN

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE(S): _____ EMAIL: _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

RESPONDENT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE(S): _____ EMAIL: _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

DOES THE WIFE WANT HER PREMARITAL NAME RESTORED? IF SO, PLEASE PRINT BELOW CLEARLY

DATE OF MARRIAGE: _____ COUNTY YOU LIVE IN: _____

CITY & STATE OF MARRIAGE _____ SEPARATION DATE _____

CHILDREN

NAME	PLACE OF BIRTH	DOB	SOCIAL SEC.#	M/F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ASSET/LIABILITY INFORMATION

IS THERE A MARITAL HOME _____ YES _____ NO

WHO IS KEEPING THE MARITAL HOME _____ HUSBAND _____ WIFE

WHO IS TAKING RESPONSIBIITY FOR THE MORTGAGE _____ HUSBAND _____ WIFE

WILL A REFINANCE OR ASSUMPTION BE REQUIRED TO REMOVE ONE PARTY FROM THE LOAN? IF SO,

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PLEASE EXPLAIN: _____

IF THERE IS MARITAL DEBT, PLEASE CHECK THE APPROPRIATE PLACES BELOW:

_____ THE PARTIES SHALL EACH BE RESPONSIBLE FOR CREDIT CARD AND PERSONAL DEBT IN THEIR INDIVIDUAL NAMES

_____ THE WIFE SHALL BE RESPONSIBLE DEBT:

ACCOUNT NAME (I.E. VISA, MASTERCARD)	LAST 4 DIGTS OF ACCOUNT #	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ THE HUSBAND SHALL BE RESPONSIBLE DEBT:

ACCOUNT NAME (I.E. VISA, MASTERCARD)	LAST 4 DIGTS OF ACCOUNT #	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VEHICLES

WIFE'S VEHICLE'S, MOTORCYCLES, BOATS OR RV'S

YEAR _____ MAKE _____ MODEL _____
YEAR _____ MAKE _____ MODEL _____
YEAR _____ MAKE _____ MODEL _____

WILL WIFE BE RESPONSIBLE ALL DEBTS AND LIABILITIES ASSOCIATED WITH VEHICLE(S)?

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YES _____ NO _____

HUSBAND'S VEHICLE'S, MOTORCYCLES, BOATS OR RV'S

YEAR _____ MAKE _____ MODEL _____

YEAR _____ MAKE _____ MODEL _____

YEAR _____ MAKE _____ MODEL _____

WILL HUSBAND BE RESPONSIBLE ALL DEBTS AND LIABILITIES ASSOCIATED WITH VEHICLE(S)?

YES _____ NO _____

ALIMONY

IS ALIMONY BEING REQUESTED BY EITHER PARTY _____ YES _____ NO

Husband/Wife (circle one) requests that the Court order Respondent to pay the following spousal support (alimony) and claims that he or she has a need for the support that he or she is requesting **and the other person has the ability to pay that support**. Spousal support (alimony) is requested in the amount of \$ _____, every () week () other week () month, beginning {date} _____ and continuing until {date or event} _____

CHILD(REN) ISSUES NOT COVERED IN THE PARENTING PLAN

WHICH PARENT DEDUCTS CHILDREN ON TAXES _____ HUSBAND _____ WIFE _____ BOTH

EVERY OTHER YEAR _____ YES _____ NO IF SO, WHO GETS EVEN YEARS _____

EACH PARTY GETS A SPECIFIC CHILD _____ YES _____ NO

IF SO, WHO GETS WHICH CHILD? _____

IS EITHER PARTY PAYING CHILD SUPPORT? _____ YES _____ NO

WHO IS PAYING? _____ HUSBAND _____ WIFE

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HOW MUCH PER MONTH _____

WHEN DOES CHILD SUPPORT BEGIN? _____

HOW OFTEN IS IT PAID?

_____ MONTHLY _____ BI-WEEKLY _____ SEMI-MONTHLY _____ WEEKLY

HOW MUCH LIFE INSURANCE SHOULD THE PERSON PAYING CHILD SUPPORT HAVE TO CARRY IN LIFE
INSURANCE TO SECURE SUCH PAYMENTS?

_____ \$100,000.00 _____ \$250,000 _____ OTHER

WHO IS COVERING MEDICAL, VISION AND DENTAL INSURANCE ON THE MINOR CHILDREN

_____ MOTHER _____ FATHER WHO PAYS FOR SUCH INSURNANCE? _____

WHO PAYS FOR UNCOVERED HEALTH, VISION AND DENTAL CARE?

_____ MOTHER _____ FATHER EACH PARTY PAYS ONE HALF (1/2) _____

Please note that we do not give legal advice or legal services. Our draft Mediated Settlement Agreement cannot be construed as legal advice being that we are a mediation company and remain neutral through this entire process.

Money order payable to "Hetsler Mediation & Valuation Inc." or (Visa, Master Card, Discover, American Express)

Credit Card Number ____/____/____/____ Exp. Date ____/____

Last three digits on Back or 4 on front if Amex _____

Cardholder Name _____ Cardholder daytime phone (____)____ - _____

Cardholder Address _____

City State Zip _____, _____

Amount_ Please circle the correct amount

uncontested without children

\$600.00

uncontested with children

\$750.00

SIGNATURE