

Date of birth: _____

Educational background: _____

Brief description of current residence: _____

Subject children of this action:

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Grade Level</u>	<u>School</u>

Other children in household:

<u>Name/Age/Relationship to Party</u>

Marital/Cohabitation History: _____

Date of Marriage or Cohabitation: (if applicable) _____

Date of Separation: _____

Cause of Separation: (brief explanation) _____

Date of Divorce: (if applicable) _____

Is a divorce action pending? _____

Current Marital Status/Living Arrangements: _____

(i.e.): Remarriage or Cohabitation — provide name of new spouse or cohabitant

Procedural History:

Verbal Custody/Visitation Arrangements: (Describe arrangement with applicable dates)

Written Custody/Visitation Arrangements: (Summarize arrangement and applicable dates)

Orders of Court: (Summarize or Attach, including Orders from foreign jurisdictions and dates of entry)

Current Custody/Visitation Arrangement: _____

Proposed changes in current custody/visitation arrangement: _____

Does child(ren) have any special needs? _____

Have home studies or psychological evaluations been completed? If so, by whom and dates:

What is your present employment status? :

Employed Unemployed Unable to Work Other

Do you work in the home? _____ yes _____ no

Do you work in the town in which you reside? _____ yes _____ no

If, no, how far do you commute? _____ miles.

Does your employment take you out of town? For how long? How often? Explain:

Name, Address and Phone Number (including Area Code) of each employer or your own business:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____

Circle the days you work:

M T W TH F SAT SUN From _____ to _____
M T W TH F SAT SUN From _____ to _____

Do you work any type of alternating or unusual shifts? Explain:

Is your employer () flexible or () inflexible about working around your child custody/visitation needs?

How long have you worked for this employer? _____ #1 _____ #2

State your present physical/mental condition:

() Good () Fair () Poor

Are you presently under a doctor's care? Explain your condition:

Name of Doctor: _____

Address: _____

Phone: _____

Are you taking any prescription drugs? _____ yes _____ no.

If yes, Name of Drug _____ Amount (mg/day etc.) _____

Do you drink alcohol? _____ yes _____ no (If yes, how much?)
_____ heavy _____ moderate _____ occasionally

Are you re-married? _____ Are you cohabiting? _____

What is the person's name? _____

Does he/she have children? If so, what ages, sexes and with whom do they reside?

When did you remarry? _____ When did you begin cohabitation? _____

Does the other party to this action know your current spouse or cohabitant? _____

Explain: _____

How long have you known your current spouse or cohabitant? _____ years _____ months

Do your children know them? _____ For how long? _____

Have you filed in the Prothonotary's Office a completed Criminal Record / Abuse History Verification Form according to Pa.R.C.P. 1915. 3-2. Criminal or Abuse History?

No ___ / ___ Yes = Date Filed: _____

FACTORS, CONDITIONS AND/OR CONCERNS I CONSIDER VERY IMPORTANT THAT I WOULD ASK BE TAKEN INTO ACCOUNT BY THE MEDIATOR WHEN ENDEAVORING TO PROVIDE THE BEST SITUATION FOR THE CHILDREN IN THE ACTION ARE AS FOLLOWS: [Use extra pages, if necessary]

ATTACH PROOF OF PAYMENT OF \$200.00 TO THE PROTHONOTARY OF INDIANA COUNTY OR COPY OF AN APPROVED PETITION FOR IN FORMA PAUPERIS (INDIGENT) STATUS AND COPY OF CERTIFICATE OF ATTENDANCE OR PROOF OF REGISTRATION FOR CHILDREN IN BETWEEN PARENT EDUCATION COURSE AND FORWARD TO:

**Mathew G. Simon, Esquire
Court Program Manager;
Custody Mediator & Divorce Hearing Officer
Indiana County Courthouse
825 Philadelphia Street
Indiana, PA 15701**

ALL MATERIALS MUST BE RECEIVED BY THE CHILD CUSTODY MEDIATOR NOT LATER THAN 7 DAYS PRIOR TO MEDIATION.

WAIVER OF MEDIATION COMMUNICATION PRIVILEGE

I understand that the Child Custody Mediator will make a report of the Mediation proceedings to the Court. The Report may be made available to professionals requested to perform evaluations or provide treatment to the parties and/or children. The Report may contain information about settlement discussions, including the final positions of the parties if agreement is not reached. I waive the privilege of 42 Pa. Con. Stat. Ann Section 5949 in regard to mediation communications occurring during the Child Custody Mediation Conference in respect to the Mediator's Report.

Date

Signature