

HETSLER MEDIATION & VALUATION, INC.
(T)904-564-1000
(F) 904-531-3003
(E) jaxmediator@jaxmediator.com

Please fill out this short questionnaire and fax or email back prior to our meeting.

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

PETITIONER IS THE (select 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 YOUR FULL NAME, INCLUDING MIDDLE NAME, YOU WANT AFTER THE DIVORCE IS FINAL

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

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

IS THERE ANY OTHER REAL ESTATE OWNED BY THE PARTIES? IF SO, PLEASE LIST THE COMPLETE
ADDRESS AND WHO IS KEEPING AND WHETHER A REFINANCE IS REQUIRED?

REAL ESTATE ADDRESS	WHO IS KEEPING	REFINANCE
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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
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THE HUSBAND SHALL BE RESPONSIBLE DEBT:

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

ARE THEIR RETIREMENT ACCOUNTS THAT NEED TO BE DIVIDED, IF SO, PLEASE LIST SUCH ACCOUNTS, THE OWNERS OF SUCH ACCOUNTS, AND WHAT PERCENTAGE OR AMOUNTS EACH SPOUSE WILL BE RECEIVING:

ACCOUNT NAME (401K, PENSION)	OWNER OF SUCH ACCOUNT	AMOUNT/% TO SPOUSE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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} _____

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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 OR WILL BE PAYING CHILD SUPPORT? YES NO

WHO IS PAYING? HUSBAND WIFE

HOW MUCH PER MONTH _____

WHEN DOES CHILD SUPPORT BEGIN OR WHEN DID IT START? _____

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 INSURANCE? _____

WHO PAYS FOR UNCOVERED HEALTH, VISION AND DENTAL CARE?

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

MISCELLANEOUS PROVISIONS-PLEASE LIST ANY OTHER MATTERS THAT YOU WOULD LIKE INCLUDED IN THE AGREEMENT (PLEASE FEEL FREE TO ATTACH MORE PAPERWORK IF NEEDED):

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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 select the correct amount

uncontested without children

\$600.00

uncontested with children

\$750.00

SIGNATURE