

To Be Completed and Brought to First Mediation or Custody Assessment Session

CONFIDENTIAL PERSONAL INFORMATION FORM

FAMILY DIVISION SERVICES  
CIRCUIT COURT FOR MONTGOMERY COUNTY  
ROCKVILLE, MARYLAND

Case No. \_\_\_\_\_

1. Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Relation to Child(ren) \_\_\_\_\_  
Address(street) \_\_\_\_\_ (city) \_\_\_\_\_  
(state) \_\_\_\_\_ (county) \_\_\_\_\_ (zip) \_\_\_\_\_  
Lived at present address since \_\_\_\_\_  
Telephone(home) \_\_\_\_\_ (work) \_\_\_\_\_

2. Married to other party: (yes) \_\_\_\_\_ (no) \_\_\_\_\_  
Date of marriage \_\_\_\_\_

3. Date of separation \_\_\_\_\_ Date of Divorce \_\_\_\_\_  
Who initiated idea of separation? \_\_\_\_\_  
Was decision mutual? \_\_\_\_\_ Gradual or sudden? \_\_\_\_\_

4. Is there any interest in reconciliation? \_\_\_\_\_

5. Attorney's name \_\_\_\_\_  
Address(street) \_\_\_\_\_ (city) \_\_\_\_\_  
(state) \_\_\_\_\_ (zip) \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax # \_\_\_\_\_ Pager # \_\_\_\_\_

6. Child(ren)'s Names	Birth Date	Current Address	Health	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Deceased children \_\_\_\_\_

7. Employer \_\_\_\_\_  
Address(street) \_\_\_\_\_ (city) \_\_\_\_\_  
(state) \_\_\_\_\_ (zip) \_\_\_\_\_  
Job title \_\_\_\_\_ Salary \_\_\_\_\_ Hours \_\_\_\_\_  
Employed since \_\_\_\_\_ Education level achieved \_\_\_\_\_

8. Health: Past serious illnesses \_\_\_\_\_  
Currently under physician's care? \_\_\_\_\_ On medication? \_\_\_\_\_

9. Counseling or therapy: Past? \_\_\_\_\_  
Present? \_\_\_\_\_  
Length of therapy \_\_\_\_\_

10. Names and age of other relatives living with you \_\_\_\_\_

11. Names of other relatives living in area \_\_\_\_\_  
\_\_\_\_\_

12. Religion at birth \_\_\_\_\_ Current, if any \_\_\_\_\_

13. Prior marriages? \_\_\_\_\_

Date and method of termination \_\_\_\_\_

Names of any children from prior marriage(s)? \_\_\_\_\_

Living with \_\_\_\_\_ Supported by \_\_\_\_\_

14. What is the nature of the current dispute (or – what issues concerning the children do you believe need to be resolved?) \_\_\_\_\_  
\_\_\_\_\_

15. Is it your opinion that you or the other person have/has had an alcohol/drug problem in the past? (yes or no)	YOU	OTHER
a. Is it your opinion that you or the other person has an alcohol/drug problem now? (yes or no)	_____	_____
b. Have you or the other person ever been in an alcohol or drug rehabilitation program? (yes or no)	_____	_____
c. Are either of you in such a program now? (yes or no)	_____	_____
Name of Program: _____		

16. Are you claiming that the other person has physically abused you or threatened to physically harm you? (yes or no) \_\_\_\_\_

a. If so when do you claim this last occurred? (give date) \_\_\_\_\_

b. Did you ever report such abuse to anyone? (yes or no) \_\_\_\_\_

If so, to whom? Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

c. Were either of you ever in a counseling program for physically abusing someone? (yes or no) \_\_\_\_\_

d. Are either of you in such a program now? (yes or no) \_\_\_\_\_

Name of Program: \_\_\_\_\_

17. Are you claiming that the other person has physically abused the child(ren) or threatened such abuse? (yes or no) \_\_\_\_\_

a. If so when do you claim this last occurred? ((give date) \_\_\_\_\_

b. Did you ever report such abuse to anyone? (yes or no) \_\_\_\_\_

If so, to whom? Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

b. Were either of you ever in a counseling program for physically abusing the child(ren)? (yes or no) \_\_\_\_\_

c. Are either of you in such a program now? (yes or no) \_\_\_\_\_

Name of Program: \_\_\_\_\_

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