



BRUCKNER MEDIATION

Confidential Information Form ~ Family Mediation Participant

Participant Name

Spouse's Name

Date of Birth

Case Venue/County (if applicable)

Pronouns (she/her, he/him, they/them)

Telephone Number

Court File No (if applicable)

Email address

Judge (if known/applicable)

Mailing Address

Attorney's Name (if applicable)

What do you wish to discuss during mediation? Check all that apply and include any other(s)

CHILD(REN)'S TIME W/EACH PARENT

RETIREMENT/PENSION DIVISION

DECISIONMAKING ABOUT CHILD(REN)

SPOUSAL MAINTENANCE

HEALTH INSURANCE

PROPERTY DIVISION

CHILD SUPPORT

DEBT DIVISION

Other _____

Other _____

A. PARENTING AND - Please list the name(s) and date(s) of birth of your child(ren), if any:

- 1) What are your goals and wishes for your child(ren)?

- 2) What do you believe are the co-parent's goals and wish(es) for your child(ren)?

- 3) What keeps you awake wondering about your child(ren)?

- 4) What does being involved in your child's education, medical care, and nurture and care look like to you?

- 5) What would help you be the best parent you can be?

- 6) What would help you be the best co-parent you can be?

- 7) Regarding parenting, it would be helpful for the mediator to also know...

D. DEBTS

Please list your current debts, and whether you wish for one or both of you to take responsibility.

Name/Description of Debt	Amount Owed	Who takes responsibility?

E. INCOME

Please list your current income and your understanding of your spouse's income.

	You	Spouse
Current Employer		
Current Gross Annual Income From Employment		
Potential Income		
Social Security, Veteran's or other benefits		
Other income		
Monthly Health Care Deductions (portion for joint child(ren))		
Other Deductions		

E. FINANCIAL SUPPORT

- 1) Child Health Care- What is your child's temporary or ongoing financial need for health insurance/health care?
- 2) Child Activities- What is your child's temporary or ongoing financial need for hobbies, interests, and extra-curricular activities?
- 3) Child Support - What is your child(ren)'s need for temporary or ongoing financial support (child support)?
- 4) Spousal Support -What is you or your spouse's need for temporary or ongoing financial support?

E. OTHER

- 1) If a mediation date has not yet been scheduled, what are your preferred mediation dates/times? Please list at least three.
- 2) Would you prefer the mediation be held in person or via Zoom? _____
- 3) Are you comfortable being in the same room as your spouse? _____
- 4) What else* would you like the mediator to know?

Participant Signature and Date _____

*Please attach any papers necessary to help the mediator better understand the situation.

Please scan and email to Sherry@BrucknerMediation.com or mail to Bruckner Mediation, 324 Broadway Street, Suite 208, Alexandria, MN 56308. Please do not email photos of these papers.

Office Use: __DV __MH __CD DL_____