PARENT 1:		PARENT 2:
Name:		Name:
Date of Birth:		Date of Birth:
Address:		Address:
City/State/Zip		City/State/Zip
Contact number:		Contact number:
PLEASE PROVIDE YOUR EMAIL A	ADDRESS:	
E-mail		E-mail
Best available time for appointmer	nts:	Best available time for appointments:
Days:		Days:
Times:		Times:
<u>Children:</u> Name:		DOB:
Name:		DOB:
Name:		DOB:
Name:		DOB:
REGARDING THIS SITUATION	: (Check all that ap	ply)
Do you have a future court date so	heduled? If yes, when?	?
Are you involved with a counselor	?	
Are there any special circumstances,	past or present, that w	ve should be aware of in this case: (Check all that a
Domestic abuse or harassment inj	unction or a current no	contact condition of bond (please provide a copy)
Spousal abuse against you by othe	er parent: (threats, sho	ving, pushing, hitting, sex without consent, etc.)
	FATHER	MOTHER
Drug/Alcohol Abuse		
Mental Illness		
Criminal Case Pending Against		
On Probation/Parole		
Child Abuse by parent		

Pursuant to Wisconsin Statute §905.035, Confidential communications made in mediation are not to be disclosed to any other person. Therefore, *NO* cell phones or any other electronic devices will be allowed in any mediation session. Please do not bring such items with you to the mediation session or you will be asked to leave the item(s) with the receptionist during your session.

Violation of Wisconsin Statute §905.35, may result in fines or other sanctions as deemed appropriate by the Court.

**Please Return To:** 

Elizabeth A. Wright, Family Court Commissioner 333 Vine St., Rm 2500, La Crosse WI 54601