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MEDIATION INTAKE FORM

Your Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Numbers: _____
Date of Birth: _____ Place of Birth: _____
Education Level: _____ Religion: _____
List all marriages: _____

Employer's Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Numbers: _____ Job Title: _____

Your Attorney's Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Numbers: _____

Has there been a history of drug/alcohol abuse, spouse abuse, child abuse, or serious emotional disorder that would render either party unable to engage in a rational negotiation process? _____ YES _____ NO
If YES, explain: _____

Current Domestic Information

Date of Marriage: _____
Date of Separation or Divorce: _____
Is this a Post-Divorce Matter: _____ Yes _____ No
of times have the parties been before Family Court: _____
List the names and ages of all your children, where and with whom they reside:

Has Child Support been paid regularly: _____ Yes _____ No
Paid directly or through Family Court: _____
What issues need mediation? _____

Give solutions you propose to resolution of these issues:

