



Jill B. Brakeman

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INFORMATION SHEET PLAINTIFF

Full Legal Name: _____
First, Middle, Last

Maiden Name: _____
First, Middle, Last

Will Maiden Name be Restored: ___ Yes ___ No ___ Unsure

Date of Birth: _____

City and State Born: _____

Social Security No.: _____

Address: Street _____
Town _____
State & Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax #: _____

E-Mail (only if regularly checked): _____

Level of Education (include degrees held): _____

Marital History:

No. of Marriages (including this marriage): _____

"How did each end (divorce, death):" _____

No of Children from Previous Marriage: _____

Legal Names of Children & Birth Dates: _____

Any Medical Problems or Concerns for Yourself: _____

If so list problems/concerns _____

Employment History (during the marriage)

| | Employer/Occupation | Years at Job | Ending Salary |
|----|---------------------|--------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Employment Information (current)

Occupation: _____

Employer: _____

Address: Street _____

City, State, Zipcode _____

Individual Contributions to the Marital Estate:

"List contributions such as inheritances, gifts, personal injury settlements and the like"

Inheritances: _____

Gifts: _____

P.I or W.C. _____

Other: _____

Please List any Goals for this Process and Your Separation in General:

How Did You Hear About Mediation:



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INFORMATION SHEET DEFENDANT

Full Legal Name: _____
First, Middle, Last

Maiden Name: _____
First, Middle, Last

Will Maiden Name be Restored: ___ Yes ___ No ___ Unsure

Date of Birth: _____

City and State Born: _____

Social Security No.: _____

Address: Street _____
Town _____
State & Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax #: _____

E-Mail (only if regularly checked): _____

Level of Education (include degrees held): _____

Marital History:

No. of Marriages (including this marriage): _____

"How did each end (divorce, death):" _____

No of Children from Previous Marriage: _____

Legal Names of Children & Birth Dates: _____

Any Medical Problems or Concerns for Yourself: _____

If so list problems/concerns _____

Employment History (during the marriage)

| | Employer/Occupation | Years at Job | Ending Salary |
|----|---------------------|--------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Employment Information (current)

Occupation: _____

Employer: _____

Address: Street _____

City, State, Zipcode _____

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"List contributions such as inheritances, gifts, personal injury settlements and the like"

Inheritances: _____

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Other: _____

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INFORMATION SHEET

MARITAL AND CHILD INFORMATION

Full Name of Case: _____

Date of Marriage: _____

City You Were Married: _____

County: _____

State: _____

Month & Year _____

Approximate Date Separated: _____

Number of Children Born Alive this Marriage: _____

Number of Living Children from this Marriage: _____

Total # of Minor Children from this Marriage _____

Total # of Majority Aged Children from this Marriage: _____

Names & Dates of Birth for All MINOR Children Born From This Marriage:

include Child's full name, first, middle, last, followed by DOB; i.e., Jane E, Smith, born January 1, 2005

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Names & Dates of Birth of all MAJORITY Aged children born from this marriage UNDER the age of 23:

1. _____
2. _____
3. _____
4. _____
5. _____

For Custody Affidavit

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Names & Dates of Birth of all MAJORITY Aged children born from this marriage OVER the age of 23:

1. _____
2. _____
3. _____
4. _____
5. _____

List Any Medical Problems or Concerns for Children:

List the City and State of Each Child's Residence from Birth to Present:
