

INITIAL CONSULTATION INTAKE

Name: _____ DOB: _____ Date: _____

Spouses' Name: _____

Phone (Cell): _____ (Home): _____ (work) _____

Address: _____

Children('s)Names and DOB(s): _____

Occupation: _____ spouses occupation: _____

Combined Annual Gross Income: _____

Real Estate owned?: Y or N

401K or pension(s)? Y or N

Have you or your spouse filed for dissolution of marriage? Y or N if yes, date _____

Is there an agreement to mediate? Y or N

Are you interested in participating in "conscious uncoupling" counseling and mediation through The Empowerment Center? Y or N

Is your preference for individual counseling only? Y or N

Briefly explain your need for a consult now:

Client Signature