

Dr. Reanna Waugh PhD
Mediator
832-913-5101
906-398-7927 cell
WWW.MYWHWC.COM
MYWHWC@GMAIL.COM

MEDIATION CHECKLIST

Mediation Date & Time: _____

Cause Number: _____ Court Number: _____

Style of Case: _____

Is this for temporary or final Orders? Temporary Final

Status of discovery? None Substantially incomplete Complete

Have there been any offers (if so, send me a copy) ? Yes No

Are there allegations of domestic violence or a current protective order? Yes No

Petitioner's cell phone & email info: _____

Petitioner's attorney cell phone & email info: _____

Respondent's cell phone & email info: _____

Respondent's attorney cell phone & email info: _____

1. Date of marriage: _____ Date of separation: _____
 Place of marriage: _____ (ceremonial or common law)

2. Name, age, and sex of each child:

Name: _____

Name: _____

Age: _____ Sex: _____

Age: _____ Sex: _____

Name: _____

Name: _____

Age: _____ Sex: _____

Age: _____ Sex: _____

3. Any stipulations and/or agreements:

- A. _____
- B. _____
- C. _____
- D. _____

4. Please place an "x" by each matter in dispute:

- | | |
|---|---|
| <input type="checkbox"/> residency requirements | <input type="checkbox"/> persons with possession of or access |
| <input type="checkbox"/> jurisdiction | <input type="checkbox"/> to children (e.g., grandparents, |
| <input type="checkbox"/> existence of marriage | <input type="checkbox"/> military duty) |
| <input type="checkbox"/> grounds for divorce | <input type="checkbox"/> parental rights and duties |
| <input type="checkbox"/> parentage | <input type="checkbox"/> residence restrictions |
| <input type="checkbox"/> type of conservatorship | <input type="checkbox"/> parenting times |
| <input type="checkbox"/> pickup and return of children | <input type="checkbox"/> alimony |
| <input type="checkbox"/> methods/costs of travel | <input type="checkbox"/> spousal maintenance |
| <input type="checkbox"/> international travel | <input type="checkbox"/> judgment and liens to adjust |
| <input type="checkbox"/> child support | <input type="checkbox"/> property division |
| <input type="checkbox"/> adjustments to child support | <input type="checkbox"/> delivery of property |
| <input type="checkbox"/> income withholding | <input type="checkbox"/> tax matters |
| <input type="checkbox"/> health insurance | <input type="checkbox"/> release of claims |
| <input type="checkbox"/> tax exemptions for children | <input type="checkbox"/> indemnification provisions |
| <input type="checkbox"/> uninsured health-care expenses | <input type="checkbox"/> omitted or undisclosed asset |
| <input type="checkbox"/> child support binding on estate | <input type="checkbox"/> provisions |
| <input type="checkbox"/> notice of medical treatment | <input type="checkbox"/> permanent injunctions |
| <input type="checkbox"/> control of property of children | <input type="checkbox"/> signing of documents |
| <input type="checkbox"/> life insurance to secure child support | <input type="checkbox"/> attorney's fees and liens |
| <input type="checkbox"/> division of property | <input type="checkbox"/> settlement of future disputes |
| <input type="checkbox"/> allocation of liabilities | <input type="checkbox"/> confidentiality/sealing records |
| <input type="checkbox"/> separate property | <input type="checkbox"/> discovery retention |
| <input type="checkbox"/> reimbursement | <input type="checkbox"/> other |

5. If property is in dispute, each party must bring a complete list of all household items to be divided showing which items he or she wants, the value of each item, and who currently possesses each item.

6. Please have the clients bring all required paperwork per the local rules -- (including their Financial Information Statement, tax returns for 3 years, bank statements for 3 years and all credit card statements for 3 years) along anything else they feel is relevant.