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Family Mediation In-Take Form
PLEASE FILL IN THIS FORM COMPLETELY

Date: _____

PARTY #1: _____

ADDRESS: _____
STREET _____ APT. # _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ HOME FAX _____

OCCUPATION/NATURE OF BUSINESS: _____

BUSINESS ADDRESS: _____
STREET _____ SUITE# _____
CITY _____ STATE _____ ZIP CODE _____
BUSINESS PHONE# _____ BUSINESS FAX# _____

DATE OF BIRTH: _____ **SOC. SEC.#:** _____

PARTY #2: _____

ADDRESS: _____
STREET _____ APT. # _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ HOME FAX _____

OCCUPATION/NATURE OF BUSINESS: _____

BUSINESS ADDRESS: _____
STREET _____ SUITE# _____
CITY _____ STATE _____ ZIP CODE _____
BUSINESS PHONE# _____ BUSINESS FAX# _____

DATE OF BIRTH: _____ **SOC. SEC.#:** _____

FOR DIVORCE MEDIATION

MARITAL STATUS: _____

DATE OF MARRIAGE: _____ **DATE OF SEPARATION:** _____

NAMES AND DATES OF BIRTH OF MINOR CHILDREN:

- 1. _____ 2. _____
- 3. _____ 4. _____

HOW DID YOU LEARN ABOUT KIMBERLY THOMAS?
