



# Jill B. Brakeman

Attorney • Collaborative Divorce Counselor  
Law Office & Mediation Center  
174 West Street • Suite 211  
Litchfield, CT 06759  
(860) 567-3404 • www.brakemanmediation.com

## 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 \_\_\_\_\_

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:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Did You Hear About Mediation:

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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:

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

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