

TOWSON CITY CENTER
1 OLYMPIC PLACE, SUITE 900
TOWSON, MARYLAND 21204

WEINBERG & SCHWARTZ, L.L.C.

A FAMILY LAW FIRM (410) 997-0203 OFFICE (410)741-3868 FACSIMILE www.wsfamilylaw.com

PRIVATE MEDIATION

Nature of Issues to be Mediated:	Check <u>all</u> that apply:
Physical Custody/Access	Legal Custody/Decision-Making
Child Support	Alimony
Real Property	Business Interests
Rental Property	Vehicles
Retirement Assets	Investment Accounts
Bank Accounts	Payment of Debt(s)
Private School	Life Insurance
College	Enforcement of Prior Agreement/Order
Other (Please List)	
Party Information Plaintiff	-OR Defendant
FULL Name:	Date of Birth:
Maiden Name:	Place of Birth: (City, State)
Current Address:	
Employer:	

Mailing Addr (If different than					
Preferred way	y of Commu	nication: _			
Email:	-			Work Phone:	
Cell Phone:				Present Job Title:	
Describe Hea	lth:			How Long at Present Em	ployment:
				Present Earnings:	
				Oth on Incomes	
Marriage					
1) Currer	at Marriage			Not Applicable	
Date of Marria	age:			Type: Religious or Civil	
Location:			-		
Child(ren)		No	ot Applicable		
Child's Name	Age/Sex	DOB	Living With	Name of School/Care Provider and Cost	Concerns/Additional Info.
Circumstance	es Leading to	Dissolution	on of Curren	t Marriage	_ Not Applicable
Separation D	ate:			Who Left: Hu	sband -or- Wife

Real PropertyNot Ap	plicable
Other Real Estate Including Timeshares (add additional sheet	ts if more than one property):Not Applicable
Address:	Description:
Purchase Date:	Purchase Price:
Title:	Fair Market Value:
Mortgage Company:	Down Payment:
	Balance:
	Monthly Payment:
Who is listed as a debtor on this mortgage:	Who is currently Living at this address:
Personal Property Not Applicab	le

Description	Purchase Date	Title	Lien Holder	Fair Market Value	Down Payment Amount & Source of Funds	Monthly Payment	Balance	Notes

Vehicles (cars, boats, motorcycles, etc.):

Bank Accounts (including IRAs);

Institution	Type/Account # (Checking, Savings, Money Market, Etc.)	Title	Balance	Open Date	Notes

Life Insurance (Whole, Universal, Term):

Insurer	Type/Policy #	Beneficiary	Face Value	Cash Value	Loans	Premium	Payments	Notes

Securities (Stocks, Bonds, Mutual Funds, Etc.)

Asset/Type	Address	Ownership	Fair Market Value	Purchase Date	Purchase Price	Beneficiary	Notes

Retirement Assets (Pension, 401(k), 403(b), Thrift Savings Plan, Profit Sharing, Other Deferred Asset Plans):

Source/Title	Plan Admin.	Defined Benefit (Yes or No)	Beneficiary(s) (Names)	Contribution (Yours)	Matching (by Employer)	Eligibility

Business Interest:

Business Name	Address	Nature	Ownership	Interest	Fair Market Value	Date Interest was Acquired
	11					

Other Personal Property (List all other property/assets, including but not limited to, household furniture, collections, art, accounts receivable, jewelry, etc.)

Description	Date Acquired	Fair Market Value	Ownership
Furniture & Household Furnishings			
(provide itemized list)			
Jewelry			
(provide itemized list)			
Collections			
(provide itemized list)			
Tools			
(provide itemized list)			
Sporting Equipment			
(provide itemized list)			

Medical Insurance	Not Applicable

Coverage Type (Health, Dental, Vision, Etc.)	Carrier/Plan	Plan Administrator	Policy Holder's Name	Individuals Covered	Plan Details

Debts/LiabilitiesN	lot Applicable
--------------------	----------------

List all debts and/or other liabilities (including mortgages, personal loans, home equity loans, auto/boat loans, notes payable, accrued taxes, credit card balances).

Creditor	Address	Debtor (Husband, Wife, Joint)	Monthly Payment	Balance	Date Incurred	Marital (Yes or No)