

DIVORCE MEDIATION INCOME SURVEY

Applies to new contested divorce cases only

Today's Date: _____

Please complete the Income Survey to determine if you qualify for a divorce mediation session (up to 4 hours) at no cost to you (pro bono). All income surveys must be completed in full and signed in order to qualify.

Please Complete Information for Both Parties as listed on Petition			
Case #:	Judge/Commissioner:	City Where Petition was filed:	Date Petition was Answered:
<u>PETITIONER</u>		<u>RESPONDENT</u>	
Full Name: _____		Full Name: _____	
Street Address: _____		Street Address: _____	
City, State, Zip: _____		City, State, Zip: _____	
Date of Birth: _____		Date of Birth: _____	
E-mail Address: _____		E-mail Address: _____	
Phone Number(s): _____		Phone Number(s): _____	
Attorney's Name: _____		Attorney's Name: _____	
Attorney's Address: _____		Attorney's Address: _____	
Attorney's City, State, Zip: _____		Attorney's City, State, Zip: _____	
Attorney's Phone: _____		Attorney's Phone: _____	
Attorney's E-mail: _____		Attorney's E-mail: _____	

Please circle your answers		
YES	NO	Is there a current Protective Order issued between the parties? If yes, list case #: _____
YES	NO	Is there a history or allegation of domestic violence?
YES	NO	Are there any special needs to consider before/during the mediation? If yes, please describe:

SECTION 1. HOUSEHOLD INFORMATION			
List yourself and all people living with you regardless of age or relationship to you. If any person is over 18 years of age, list their monthly earnings (before taxes).			
Name	Age	Relationship to You	Monthly Earnings (before taxes)
1.		SELF	
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Do you currently pay Child Support for any children? YES _____ NO _____ If Yes, How Much? \$ _____

SECTION 2. FINANCIAL INFORMATION

<p>A. Are you currently employed? YES NO</p> <p>If currently employed, please provide the following information: (If not currently employed, list previous employer)</p> <p>Employer: _____</p> <p>Address: _____</p> <p>Phone #: _____</p> <p>Supervisor: _____</p> <p>Hourly Wage \$: _____ # of hours per week: _____</p>	<p>B. Do you receive Government Benefits? YES NO</p> <p>Please list the total monthly amount you receive from the following programs for everyone living in your household:</p> <p>Family Employment Program: _____</p> <p>SSI: _____</p> <p>Food Stamps: _____</p> <p>WIC: _____</p> <p>General Assistance: _____</p> <p>Refugee Cash Assistance: _____</p>
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C. Do you receive other sources of income? YES NO

Please list the total monthly amount you receive from any of the following sources for everyone living in your household:

Alimony: _____	Social Security Benefits: _____
Child Support: _____	Unemployment Compensation: _____
Disability Benefits: _____	Worker's Compensation: _____
Other: (please specify) _____	

SECTION 3. STATEMENT OF VERIFICATION

This section must be signed in order to process the income survey. **Incomplete surveys will not be accepted.**

I verify under the penalties of perjury that the information provided on this income survey is true and correct, and that if any of the financial information changes, I will inform the Divorce Mediation Program immediately.

Signature	Date
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SECTION 4. WHERE TO SEND THE SURVEY

NOTE: Please remember to complete all sections of this form --- Incomplete surveys will not be processed.

Please print out the Income Survey and sign it before returning it to:

Bart MacKay Divorce Mediation Program Coordinator Administrative Office of the Courts 206 W. Tabernacle, Suite 160 St. George, Ut 84770	Phone: (435) 986-5754 E-mail: divorceinfo@utcourts.gov Toll Free Automated Helpline: 1-800-620-6318 Website: www.utcourts.gov/mediation/divmed
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