DIVORCE COOPERATION INSTITUTE

Early Neutral Evaluation (ENE) Intake Form
Post-Judgment - Divorce
Personal Data and Information

1.	Name:						
	Address:						
	Home phone:		Work phone:				
2.	What are the issues to be evaluated?						
				_			
3.	Current living situation:						
	a. Remarried? yes:no:						
	b. Children of current marriage:						
	Full name:	Date of birth:	Residing with	:			
	c. Others residing in household: yes: no:						
	If yes, list their names and their relationship to you.						
	Full nam	ie:	Relationship:				

	_					
	d. Ar	e you currently pay	ing or recei	ving child supp	oort for your c	hildren?
	Paying:			Receiving:		
	yes:	no:		yes:	no:	
	If yes, ho	w much?		If yes, how r	much?	
	e. Ar	re you currently pay	ing or recei	ving maintena	nce?	
	Paying:			Receiving:		
		no:		_	no:	
	If yes, ho	w much?		If yes, how r	much?	<u>—</u>
4.	What are	the custody and pl	acement or	ders in the fina	al hearing? A	ny court-ordered
char	nges?					
5.	What is t	he current placeme	nt schedule	being followed	d for your chil	dren?
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6.	Are you e	employed? yes:	no:_			
	Addross:					
	Audiess.					
	Job title:_		Natı	ure of job:		

	Date hired: Current salary:				
	Work schedule:				
7.	he issues involve support or maintenance, please submit copy of Judgment of vorce, Marital Settlement Agreement, any other relevant Orders, and updated ancial Disclosure Statements.				
8.	Your attorney's name, address and phone number:				
9.	In your opinion, what are the impediments to settlement?				
Date [.]	Signature:				