

Counseling History of the Parties

Have you ever received any counseling or psychological treatment?

Yes _____ No _____

If yes, please list the name of the counselor and/or the agency, the complete address, and the dates seen.

Name	Address	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you see the above-named counselor(s) individually or in conjunction with your former spouse?

Individually _____ Together _____

What, if any, diagnosis was given?

Has your former spouse ever receive any counseling or psychological treatment?

Yes _____ No _____

If yes, please list the name of the counselor and/or the agency, the complete address, and the dates seen.

Name	Address	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

What, if any, diagnosis was given?

If deemed necessary by the Tribunal for your case, you may be asked to sign a release form so the Tribunal may write to request the records. Would you be willing to sign such a form if asked by the Tribunal?

Yes _____ No _____