

OFF-SITE FAMILY MEDIATION INTAKE FORM

This document is strictly confidential, and is provided to us as part of a confidential (closed) mediation process. It will help us assign the best-suited mediator to your file. It will be read only by the mediator and our staff.

Date _____ Referred By _____

Court File No: _____ Status of file _____

Name _____ Age _____

Address _____

Telephone _____ Cell _____

Email _____

Is it ok to email you at the above address? ☐ Yes ☐ No

Employer/ Job _____

Annual Income _____

Work Telephone _____ Ok to call work? ☐ Yes ☐ No

What is your first language? _____

Date of marriage/cohabitation _____

Date of separation _____

Your Lawyer _____

Other Party Name _____ Age _____

His/Her Employer/ Job/ Annual Income _____

Do you have interest in reconciliation with this person? _____

Are there any legal reasons that prevent you from communicating directly or indirectly
(**restraining order/ peace bond**)? _____

Who made the decision to end the relationship? _____

Tell us one positive thing about the other party. _____

Please provide a brief history of your marriage / relationship:

Are there children from this marriage / relationship?

Child's Name	Age	Child is living with
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Do you have children from any other relationships?

Child's Name	Age	Child is living with
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

What are the issues that you want to discuss in mediation?

Issue	Why is this important to you?
a. <hr/>	<hr/> <hr/>
b. <hr/>	<hr/> <hr/> <hr/>
c. <hr/>	<hr/> <hr/> <hr/>
d. <hr/>	<hr/> <hr/> <hr/>

Do you have any concerns about being in the same room with your former partner?

What do you consider to be the greatest obstacle in reaching an agreement in mediation?

Indicate the reasons that best explain your reasons for separating.

- | | |
|--|---|
| <input type="checkbox"/> Physical abuse / violence | <input type="checkbox"/> Poor Communication |
| <input type="checkbox"/> Threats | <input type="checkbox"/> Emotional abuse |
| <input type="checkbox"/> Drugs / alcohol abuse | <input type="checkbox"/> Incompatibility |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Great deal of conflict |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> Taking advantage of the other person |

Other

- Is there any
- | | | |
|----------------|---------------------------|--------------------------|
| a) Police file | <input type="radio"/> Yes | <input type="radio"/> No |
| b) CAS file | <input type="radio"/> Yes | <input type="radio"/> No |

Do you have any disabilities you would like us to know about?

Is there anything else you want us to know?

Please send this completed form by e-mail or fax.