

OFF-SITE FAMILY MEDIATION INTAKE FORM

Court Location: 311 47 393 none

This document is strictly confidential, and is provided to us as part of a confidential (closed) mediation process. The only exceptions are if a child is at risk of harm, any person is in imminent danger or a judge orders disclosure of this information. It will help us assign the best-suited mediator to your file. It will be read only by the mediator, the intern and our staff.

Who referred you? _____

Date: _____ Court File No: _____
(MM) (DD) (YYYY)

Name: _____ Age: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

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

Is it ok to share this email with the other party? 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: _____

Do we have your consent to copy your lawyer with correspondence? Yes No

Other Party Name: _____ Age: _____

Their Employer/ Job/ Annual Income: _____

Do you want to get back together? Yes No

Is there a no-contact order? Yes No Details: _____

Are there any court orders? Yes No Details: _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have children from any other relationship?

Child's Name	Age	Child is living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are the issues that you want to discuss in mediation? (list in order of importance)

Issue	Why is this important to you?
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

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 person |
| <input type="checkbox"/> Conflict about pets | |

Other: _____

Is there any a) Police File? Yes No *Details:* _____

b) Children's Aid Society file? Yes No *Details:* _____

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 email or fax.