



FAMILY MEDIATION INTAKE FORM

This document is strictly confidential, and is requested as part of a closed / off-the-record mediation process. It is designed to assist us in preparing for your first meeting with the mediator, and will be seen only by our office personnel.

Date: _____ Referred By: _____

Name: _____

Date of Birth: _____ Age: _____

Address: _____

Telephone: _____ Cell / Alternate: _____

Email: _____

Is it okay to email you at the above address? YES _____ NO _____

Employer: _____

Job Title: _____

Annual Income: _____

Work Telephone: _____ Is it okay to call work? YES _____ NO _____

Your Lawyer: _____

Telephone: _____ Email: _____

Other Party Name: _____ Age: _____

His / Her Employer / Job / Annual Income: _____

His / Her Lawyer: _____

Do you have any interest in reconciliation with this person? YES _____ NO _____

Are you in a new relationship? YES _____ NO _____

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

YES _____ NO _____

Explain: _____

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

Issue	Why is it important to you?
(i) _____	_____ _____ _____
(ii) _____	_____ _____ _____
(iii) _____	_____ _____ _____ _____
(iv) _____	_____ _____ _____ _____
(v) _____	_____ _____ _____ _____

Have you started legal action in court? YES _____ NO _____ Date Started: _____

Status of file: _____

What do you consider to be the greatest obstacle to reaching an agreement with the other person?

Indicate the reasons that best explain your reasons for separating.

When did you begin to live together? _____

What is the date of your marriage, if you are married? _____

What is the date the relationship ended? _____

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:

Children from this marriage / relationship that will be discussed in this mediation:

Name	Age	Birth date	Child is living with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your other children:

Name	Birth date	Child is living with	Name of other parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all people living in your home:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____