



FAMILY MEDIATION INTAKE FORM

- This document is strictly confidential, and is provided to us as part of a confidential 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 and our staff.

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? Employer/ Job

Annual Income _____

WorkPlace _____

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? _____

Date _____

Referred By _____

Court File No: _____

Status of file _____

Tell us one positive thing about the other party. _____

Please provide a brief history of your marriage / relationship: (next page)

Are there children from this marriage / relationship? Child's Name Age Child is living with

Do you have children from any other relationships? Child's Name Age Child is living with

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

Issue _____

Why is this important to you? _____

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. _____ Physical abuse / violence
_____ Poor Communication _____ Threats _____ Emotional abuse _____ Drugs / alcohol abuse _____
Incompatibility _____ Mental illness _____ Great deal of conflict _____ Infidelity _____ Taking
advantage of the other person Other _____

Is there any Police file Yes No

CAS file Yes 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 to:

info@compasscounsellingandmediation.ca