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Ottawa, Ontario K2P 0J2
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APPLICATION FOR MEDIATION SERVICES

This document is confidential

Family Name: _____ First Name: _____

Address: _____ Apt _____

City _____ Province _____

Postal Code: _____

Date of Birth: _____
(yyyy) (mm) (day)

Telephone (home) _____ (work) _____ (cell) _____

E-mail _____

Circle telephone number we can use to contact you.

May we communicate with you by email? Yes _____ No _____

What is your first language _____

Annual income _____

Date of marriage _____ Date of cohabitation _____
(yyyy) (mm) (day) (yyyy) (mm) (day)

Date of separation _____
(yyyy) (mm) (day)

Do you have a domestic contract? Yes [] No [] (If so, please provide a copy)

Are you still living in the same residence? Yes [] No []

Are you in a significant relationship with another adult? Yes [] No []

Are you sharing a residence with that person? Yes [] No []

Have you obtained legal advice about your situation? Yes [] No []

Lawyer's name _____ Telephone _____

Have you started legal proceedings? Yes [] No []

If so, what stage are they?

Prior to first court date [] First court date [] Case Conference []

Settlement Conference [] Trial Management Conference [] Motion []

Next court date (if any) _____

Other party's name _____

Address: _____ Apt _____

City _____ Province _____

Postal Code: _____

Telephone _____ email _____

Lawyer's name _____

Children from this relationship:

| Name | Date of Birth | Sex | Living with |
|-------|---------------|-------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other children:

Name

Date of Birth

Sex

Living with

Is there any C.A.S. involvement with any of your children? Yes [] No []

Are there any court there issued restraining orders in effect against you? Yes [] No []
your ex-partner/spouse? Yes [] No []

Is there a police file? Yes [] No []

Are there any disabilities you wish us to know about? Yes [] No []

If so, please give details_____

Issues you would like to discuss in mediation:

____Decision making for children/children's residence ____Access ____Child Sup-
port ____Property ____Spousal Support ____Other

Referred by: [] Self [] Counsel [] Advice/Duty Counsel [] Court Staff

[] Judge [] IRC [] 1st Appearance Clerk [] On-site Mediator [] Other

Non-Disclosure Agreement

I, _____ agree/acknowledge:
(Print Name)

Any and all information gathered in private conversations with the mediator, mediation interns and any observers (including intake interviews) is confidential except for situations where the mediator is ordered or required (e.g. information about a potential child protection issue) by law to disclose this information or where the disclosure of information suggests an actual or potential threat to human life or safety.

Should mediation proceed it shall be without prejudice meaning that any information disclosed of which I was previously unaware is inadmissible in any proceedings against the other party(ies) and that it cannot be disclosed to an arbitrator, tribunal or judge.

I will not issue a summons for KWmediation, the mediator, mediation interns and/or any observers to appear in any proceeding against the other party(ies) to disclose to an arbitrator, tribunal or judge any information, obtained from the other party(ies) in mediation intake, mediation, or private conversation, nor will I attempt to make KWmediation, the mediator, mediation interns and/or any observers disclose to me or anyone on my behalf any such information. Should I obtain this or any inadmissible information (see paragraph #2) by any other means it may still not be used in any proceedings.

I will not issue a summons for the mediation records for any such proceedings.

I acknowledge that I have been strongly advised to seek independent legal advice on all matters in dispute and that this legal advice is important in understanding my rights and responsibilities.

Signature

Date

IMPORTANT

If you have any concerns about signing this form, if you do not understand what it means, or should you be concerned about any potential consequences of signing we urge you to get legal advice before doing so.

All parties must return signed copies of this form along with their applications for mediation in order for mediation to proceed.

Please send the completed form with proof of your income by email to kwmediation@gmail.com or by fax (613) 237-9959, or bring the completed application form to the Family Law Information Centre, Ottawa Court House located at 161 Elgin Street, 2nd Floor, Ottawa, or The Family Law Information Centre, L'Orignal Court House located at 59 Court Street, 2nd Floor, L'Orignal, or the Cornwall Court House 29 Second Street West, Cornwall