



### Mediation Intake Form

*This document is strictly confidential and is provided to us as part of a confidential mediation process. This mediation is a closed process, the only exceptions are if a child or any other persons are at risk of imminent harm, disclosure of this information will need to be met.*

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Court File No: \_\_\_\_\_ Status of File: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Is it ok to email you at the above address?: \_\_\_\_\_

Is it ok to leave an voicemail on the above telephone?: \_\_\_\_\_

Employers Information: \_\_\_\_\_  
\_\_\_\_\_

Annual Income: \_\_\_\_\_

Date of marriage/ cohabitation?: \_\_\_\_\_

Your Lawyers Information: \_\_\_\_\_

Other parties Name: \_\_\_\_\_ Age: \_\_\_\_\_

Is there any possibility of reconciliation? \_\_\_\_\_

Are you any reasons that would prevent you from communicating directly or indirectly?

(Restraining order/ peace bond): \_\_\_\_\_

Who initiated the separation/ to end the relationship?: \_\_\_\_\_



Please provide a brief history of the marriage/  
relationship?: \_\_\_\_\_

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Are there children from the marriage/ relationship?: \_\_\_\_\_

Children name: \_\_\_\_\_ Age: \_\_\_\_\_ Living with: \_\_\_\_\_

Children name: \_\_\_\_\_ Age: \_\_\_\_\_ Living with: \_\_\_\_\_

What are the issues that you wish to discuss in mediation? \_\_\_\_\_

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Would you have a concern about sitting in the same room with the other party in  
an effort to resolve the matters in dispute?

Please explain your concerns: \_\_\_\_\_

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Please indicate as to what was the reason for separation / breakdown of the relationship?

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Is there any police file or Cas File?: \_\_\_\_\_

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Do you have any disabilities that you would like us to be aware of?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like to know?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Upon completion of this form please return it to: \_\_\_\_\_