



RIVERDALE MEDIATION

PARENTING COORDINATION QUESTIONNAIRE*

DATE:

REFERRED BY:

It is important that you complete the following questionnaire as fully and accurately as possible. This form is intended to alert the parenting coordinator to issues that deserve special attention. This questionnaire is confidential between you and the mediator.

NAME:

RELATIONSHIP TO CHILD(REN):

HOME ADDRESS:

POSTAL CODE:

TELEPHONE: Home - - Work - -

 Cell - - Fax - -

EMAIL:

OCCUPATION:

FULL TIME PART TIME HOURS

NUMBER OF YEARS AT PRESENT PLACE OF EMPLOYMENT:

DATE OF BIRTH: / / AGE:

dd *mm* *yy*

PLACE OF BIRTH:

RELIGION:

OBSERVANT:

EDUCATION:

LENGTH OF RESIDENCE IN ONTARIO: CANADA:

DO YOU ANTICIPATE MOVING? YES NO



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LAWYER:

STREET:

CITY:

POSTAL CODE:

TELEPHONE:

- -

FAX:

- -

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

PRESENT MARITAL STATUS: MARRIED COMMON LAW SEPARATED
DIVORCED WIDOWED SINGLE

NAME ALL PERSONS WITH WHOM YOU RESIDE (INCLUDING CHILDREN,
PARTNERS, ROOMERS, RELATIVES, CAREGIVERS, ETC.)

***(THE REMAINING QUESTIONS PERTAIN TO THE OTHER PARENT OF THE
CHILD(REN):***

ARE YOU AND THE OTHER PARENT PHYSICALLY SEPARATED? YES NO

DATE MARRIAGE/RELATIONSHIP: / /
 dd mm yy

CITY OF MARRIAGE:

DATE OF FINAL SEPARATION: / /
 dd mm yy

DATES OF PREVIOUS SEPARATIONS/RECONCILIATIONS:

 / / / / / / / /
dd mm yy *dd mm yy* *dd mm yy* *dd mm yy*
Separated **Reconciled** **Separated** **Reconciled**



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HAS THE DIVORCE PETITION BEEN FILED? YES NO

IF YES, BY WHOM:

HAVE YOU BEEN MARRIED/COMMON-LAW BEFORE? YES NO

IF YES, DATES OF PREVIOUS MARRIAGE(S) AND DIVORCE(S):

dd / mm / yy dd / mm / yy dd / mm / yy dd / mm / yy

CHILDREN: (Indicate from which marriage. Put * by child(ren) relevant to this process.)

NAME:

AGE: SEX: M F BIRTH DATE: / /
dd mm yy

RESIDING WITH: Mom Dad Other (who)

GRADE: SCHOOL:

NAME:

AGE: SEX: M F BIRTH DATE: / /
dd mm yy

RESIDING WITH: Mom Dad Other (who)

GRADE: SCHOOL:

NAME:

AGE: SEX: M F BIRTH DATE: / /
dd mm yy

RESIDING WITH: Mom Dad Other (who)

GRADE: SCHOOL:



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RECENT MAJOR LIFE EVENTS -- POSITIVE AND NEGATIVE? (EG., LOSSES, ACCIDENTS, CHANGE OF EMPLOYMENT, BIRTH OF CHILD, MARRIAGE, ETC.(PLEASE LIST AND THESE WILL BE DISCUSSED ON AN INDIVIDUAL BASIS.)

- 1.
- 2.
- 3.
- 4.

WHAT ARE THE CURRENT ISSUES AND IMPLEMENTATION PROBLEMS?

WHAT DO YOU AND THE OTHER PARENT DO BEST AS PARENTS?

WHAT ARE YOUR SIGNIFICANT CONCERNS ABOUT PARENTING?

WHAT ARE YOUR HOPES/GOALS FOR PARENTING IN THE FUTURE?

WHAT ARE YOUR SIGNIFICANT CONCERNS ABOUT YOUR RELATIONSHIP WITH THE OTHER PARENT?



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WHAT ARE YOUR SIGNIFICANT HOPES/GOALS FOR YOUR RELATIONSHIP WITH THE OTHER PARENT?

ARE YOU ABLE TO DISCUSS FAMILY ISSUES OPENLY WITH EACH OTHER?
YES NO

COMMENTS REGARDING WHETHER OR NOT YOU AND THE OTHER PARENT ARE ABLE TO MAKE DECISIONS COOPERATIVELY ABOUT THE CHILDREN:

DURING THE RELATIONSHIP WITH THE OTHER PARENT, IMPORTANT DECISIONS WERE MADE ABOUT:

- | | | |
|---|--|--------------------------------|
| A) Household Finances | BY OTHER PARENT <input type="checkbox"/> | BY ME <input type="checkbox"/> |
| | JOINTLY <input type="checkbox"/> | |
| B) Purchases of Family Property | BY OTHER PARENT <input type="checkbox"/> | BY ME <input type="checkbox"/> |
| | JOINTLY <input type="checkbox"/> | |
| C) Children's Education | BY OTHER PARENT <input type="checkbox"/> | BY ME <input type="checkbox"/> |
| | JOINTLY <input type="checkbox"/> | |
| D) Children Health Care | BY OTHER PARENT <input type="checkbox"/> | BY ME <input type="checkbox"/> |
| | JOINTLY <input type="checkbox"/> | |
| E) Children's Religious Training | BY OTHER PARENT <input type="checkbox"/> | BY ME <input type="checkbox"/> |
| | JOINTLY <input type="checkbox"/> | |
| F) Children's Extra Curricular Activities | BY OTHER PARENT <input type="checkbox"/> | BY ME <input type="checkbox"/> |
| | JOINTLY <input type="checkbox"/> | |



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HAVE THERE BEEN ANY INCIDENTS OF VERBAL AND/OR EMOTIONAL ABUSE?

YES NO

IN THE PAST SIX MONTHS?

YES NO

OR AT ANY TIME IN THE RELATIONSHIP?

YES NO

HAVE THERE BEEN ANY INCIDENTS OF SPOUSAL VIOLENCE? YES NO

IN THE PAST SIX MONTHS?

YES

NO

OR AT ANY TIME IN THE RELATIONSHIP?

YES NO

GIVE SPECIFICS ON THE ABOVE:

HAVE THE CHILDREN WITNESSED ANY INCIDENTS OF PHYSICAL, VERBAL OR EMOTIONAL ABUSE? GIVE SPECIFICS ON THE ABOVE.

HAVE THERE BEEN ANY INCIDENTS OF PHYSICAL, VERBAL OR EMOTIONAL ABUSE AGAINST THE CHILD(REN)? IF YES, GIVE SPECIFICS.

ARE YOU FEARFUL OF THE OTHER PARENT FOR ANY REASON?

HAS THE OTHER PARENT EVER THREATENED TO HURT YOU IN ANY WAY?



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HAS THE OTHER PARENT EVER HIT YOU OR USED ANY OTHER TYPE OF PHYSICAL FORCE TOWARDS YOU?

HAS THE OTHER PARENT EMOTIONALLY OR SEXUALLY ABUSED YOU?

HAVE YOU OR THE OTHER PARENT ABUSED ALCOHOL OR DRUGS?

HAVE YOU EVER CALLED THE POLICE, REQUESTED A PROTECTION ORDER, OR SOUGHT HELP FOR YOURSELF AS A RESULT OF ABUSE BY THE OTHER PARENT?

HAS THE OTHER PARENT EVER THREATENED TO DENY YOU ACCESS TO YOUR CHILDREN?

DO YOU HAVE ANY CONCERNS ABOUT THE CHILDREN'S EMOTIONAL OR PHYSICAL SAFETY WITH YOU OR THE OTHER PARENT?

WHAT WOULD YOU SAY ABOUT YOUR RELATIONSHIP WITH THE OTHER PARENT?

Excellent Good Fair Poor Couldn't be worse

WHAT EFFECT DO YOU THINK THIS RELATIONSHIP HAS ON THE CHILDREN?

A great deal Some A little None at all



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WHAT DO YOU THINK IT WOULD TAKE TO IMPROVE THIS SITUATION?

PRESENT USE OF ALCOHOL (INCLUDING BEER, WINE, LIQUOR)

Daily Once or twice a week Once or twice a month None

HAVE YOU EVER BEEN ARRESTED FOR AN ALCOHOL RELATED CRIME?

HAVE YOU EVER UNDERGONE TREATMENT FOR SUBSTANCE ABUSE?

YES NO

IF YES, PLEASE INDICATE WHEN / /
dd mm yy

PLEASE RATE THE EFFECTIVENESS OF THIS TREATMENT:

Very effective Helpful Waste of time

ARE YOU NOW OR HAVE YOU EVER BEEN ON PROBATION OR PAROLE?

YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD A RESTRAINING ORDER FILED AGAINST YOU?

YES NO

IF YES, PLEASE INDICATE WHEN: / /
dd mm yy

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IS THERE A RESTRAINING ORDER IN EFFECT RIGHT NOW THAT YOU ARE INVOLVED IN?

HAVE YOU OR THE OTHER PARENT PARTICIPATED IN DOMESTIC VIOLENCE CLASSES, BATTERER'S INTERVENTION, ANGER MANAGEMENT?

YES NO

WHEN AND WHERE?

IF YES, PLEASE RATE THE EFFECTIVENESS OF THESE CLASSES IN ELIMINATING ABUSIVE BEHAVIOUR.

Very effective Helpful Waste of time

HAVE THERE EVER BEEN CHARGES FILED AGAINST YOU FOR PHYSICAL ASSAULT, BATTERY, DOMESTIC VIOLENCE OR STALKING?

SPECIFICALLY WHAT CAN YOU DO TO BRING OUT THE BEST IN THE OTHER PARENT?

DISCUSS ANY ADDITIONAL CONCERNS:



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PREVIOUS AND CURRENT COLLATERAL SOURCES (E.G., SOCIAL WORKERS, PSYCHOLOGISTS, PSYCHIATRISTS, SCHOOL, BOARDS OF EDUCATION, FAMILY DOCTORS, PEDIATRICIANS, HOSPITALS, CAS, CCAS, JF&CS, OTHER RELEVANT AGENCIES OR SOURCES):

SOURCE/CONTACT FULL ADDRESS (POSTAL CODE) PHONE DATES

IN CASE OF AN EMERGENCY WHO SHOULD BE NOTIFIED?

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