



RIVERDALE MEDIATION

FAMILY MEDIATION INTAKE FORM

This document is strictly confidential, and is provided to us as part of a confidential (closed) mediation process. It will help us assign the best-suited mediator to your file. It will be read only by the mediator and our staff.

Date _____ Referred By _____

Court File No: _____ Status of file _____

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? Yes No

Employer/ Job _____

Annual Income _____

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? _____



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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?
a. _____	_____

b. _____	_____



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c. _____

d. _____

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 a) Police file Yes No

b) CAS file Yes No



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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 or fax.