



Vive
Mediation Inc.

FAMILY MEDIATION INTAKE FORM

This document is strictly confidential, and is provided to us as part of the 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 be read only by the mediator.

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? _____



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. _____	_____

Issue

Why is this important to you?

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



Do you have any disabilities you would like us to know about you?

Is there anything else that you want us to know?

Please send this completed form by email.