INTAKE FORM

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

Date	Referred By	
Name	Age Birth Date	
Address		
	Cell	
Email		
Is it ok to email you at the above addre	ss? Yes No	
Is it ok to share this email with the other	er party? Yes No	
Employer/ Job		
Annual Income		
Work Telephone	Ok to call work? Yes No	-
What is your first language?		_
Date of Living together/cohabitation_		
Date of Marriage:		
Date of separation		
Your Lawyer		_
Other Party Name	AgeBirth Date	
His/Her Employer/ Job/ Annual Income	e	
Their Lawyer		

Are there any legal reasons to the control of the c		_	
Who made the decision to e	nd the relationship?		
Tell us one positive thing al	oout the other party.		
Please provide a brief histor	y of your marriage /	relationship: (next pa	age)
Are there children from this	marriage / relations	hip?	
Child's Name	Age	Birth Date	Child is living with
Do you have children from a	any other relationshi	ips?	
Child's Name	Age	Child is living with	

What are the issues that you want to discuss in mediation?

Issue	Why is this importa	ant to you?				
a						
Issue	Why is this imp	ortant to you?				
b						
c						
d						
Do you have any co	ancorns about baing in th	no same room with your former partner?				
Do you have any concerns about being in the same room with your former partner?						
	-	stacle in reaching an agreement in mediation?				
Indicate the reasons that best explain your reasons for separating.						
Physical abu	se / violence	Poor Communication				
Threats		Emotional abuse				
Drugs / alcol	nol abuse	Incompatibility				
Mental illnes	SS	Great deal of conflict				
Infidelity		Taking advantage of the other person				
Other						

Is there any a) Police file Yes No	
Do you have any disabilities you would like us to know about?	
Is there anything else you want us to know?	
Have you had any counselling before related to what?	
Do the children have any disabilities?	
Please send this completed form to:	
info@mercierservices.ca	