

# The Mediation Centre: Intake Questionnaire    DATE: \_\_\_\_\_

All separated couples who choose to mediate conflicts arising out of their separation are required to complete this Mediation Intake Questionnaire.

*The information you provide is completely confidential and is provided to assist the Mediator only. The information will not be provided to the court or anyone else. Please answer all questions as completely as you can.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Current Age \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ May we text you?  Email you?

Retained Lawyer \_\_\_\_\_ or Legal Advice/ Duty Counsel / Advice Lawyer

Court Action Started  Court file number # \_\_\_\_\_ Next Court Date: \_\_\_\_\_

If Court Action, which court (if known) O CJ  SCJ  UFC

If Court Action, what stage (if known) prior to 1<sup>st</sup>  1<sup>st</sup> court date  case conf

settlement conf  trial mgmt. conf  motion  motion to change  trial  don't know

**Issues to be Mediated (please check as applicable):**

Parenting Plan     Child Support     Property Issues     Spousal Support  
 Other: \_\_\_\_\_

**Children of the Relationship:**

Name	Date of Birth	Age	Gender	Resides with:

**Relationship Information:**

Date Started Living Together: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
 Date of Separation: \_\_\_\_\_ Still live in the same house now? • Yes • No

1.	Do you or your former partner have a substance abuse problem (i.e. alcohol, drugs, prescription drugs)? If yes, please explain:	• Yes	• No
2.	Do you or your former partner suffer from mental health problems that require either of you to take prescription drugs? If yes, please explain:	• Yes	• No
3.	Have you or your former partner ever been arrested or convicted for committing a violent crime? If yes, please explain:	• Yes	• No
4.	At the present time, do you or your former partner own a gun?	• Yes	• No
5.	Are you fearful of your former partner for any reason? If yes, why?	• Yes	• No
6.	Have you ever called the police, requested a protection from abuse order or sought help for yourself as a result of abuse by your former partner? If yes, please explain:	• Yes	• No
7.	Has your former partner ever threatened to hurt you or your children in any way? If yes, please explain:	• Yes	• No
8.	Do you have <b>any concerns</b> of something happening during Mediation that may cause any future aggression or violence within the family? If yes, please explain:	• Yes	• No
9.	Has your former partner ever threatened to deny you access to your children? If yes, please explain:	• Yes	• No
10.	Do you have any concerns about the children's emotional or physical safety? If yes, please explain:	• Yes	• No

11.	Have you or your former partner ever had contact with the Children's Aid Society? If yes, please explain:	• Yes	• No
12.	Is there currently an open Children's Aid Society file?	• Yes	• No
13.	When you and your former partner were living together and were involved in disagreements or conflicts, how well did you express yourself and state your position, compared to your former partner?	• Better	• Equally well
		• Less well	
14.	At the present time, if you and your former partner become involved in disagreements or conflicts, how well do you express yourself and state your position, compared to your former partner?	• Better	• Equally well
		• Less well	
15.	Are there any conditions preventing contact between you and your former partner, either directly or indirectly? If yes, please circle which of the following apply: Conditions of Bail / Peace Bond / Restraining Order / Terms of Probation Other:	• Yes	• No
16.	Is there any reason why you would feel uncomfortable being in the same room and/or mediating with the other party? If yes, please explain:	• Yes	• No

17.	What is your current employment status? • Employed full-time • Employed part-time • Full-time homemaker • Student • Retired Name of Employer and position held: _____ • Not employed – if not employed: • Employment Insurance • Ontario Works • ODSP • Other: _____
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18.	What is your total gross income from all sources? \$
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19.	Are you currently in a new marriage/common-law relationship? • Yes • No If yes, since when? _____ Name of current partner: _____ Do you have other children not mentioned above? • Yes • No If Yes, please list below.
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Child's Name	Date of Birth	Age	Gender	Resides with:

20.	Please provide a brief explanation of what you believe are the issues for Mediation:
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(a)
(b)
(c)
(d)

21.	Have you signed a Separation Agreement with your former partner? If yes, when? _____ Did you sign a Cohabitation, Pre-Nuptial or any other domestic contract that set out what would happen if you separated? Are you entering into mediation voluntarily? If no, please explain:	• Yes	• No
22.	Why have you chosen mediation to resolve your Family Law matter?  Do you require any accommodations to participate in mediation ? (e.g. accessibility, interpreter services) • Yes                      • No		
23.	Which of the following best describes where you live currently? (Please check one) • House (owned) with a mortgage                      • House (owned) without a mortgage • House rented privately                                      • House rented from Ontario Housing • Live with a friend/relative (no rent)                      • Live with a friend/relative (with rent) • Other: _____ Are you currently living in the matrimonial home? At the time of your separation, who moved out of the family home?	• Yes	• No
24.	Who made the decision to separate?	• Me	• Both
25.	Couples who separate/divorce do so for a number of reasons. Please state 3 brief reasons which best explain why you and your partner separated.	• Partner	

Reason 1 -

Reason 2 -

Reason 3 -

Is there anything else you would like to tell us?