

CLIENT INTAKE FORM

This form is private and confidential. It is provided as part of a confidential mediation process. The only exception will be if the safety of a child is at risk or if there are threats of imminent harm to another person. Otherwise, it is not my intention to share any of this information without your consent. This information will be used for the purposes of better understanding the family dynamics and to prepare me for the pre-mediation session which has been scheduled with each of you. Please complete this document in private and answer the questions honestly.

Full Name: _____

Other party's Name: _____

Current Address: _____

Phone Numbers:

• Home: _____

• Cell Phone: _____

• Business: _____

Email: _____

Date of cohabitation: _____

Date of marriage (if applicable): _____

Date of separation: _____

Birth Date: _____

What is your first language? _____

Is there a Court proceeding? Yes No

Do you have a lawyer? Yes No Does the other party? Yes No

Your lawyer: _____

Other party's lawyer: _____

Income: \$ _____ Other party's income: \$ _____

Who made the decision to end the relationship? _____

Do you have an interest in reconciliation with this person? Yes No

Tell me one positive thing about the other party:

Please provide a brief history of your marriage / relationship:

Are there children from this marriage / relationship:

Child's Name	Age	Child is living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Name	Age	Child is living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____ | |

Issue(s) in dispute: (check all that apply)

Issue	Why is this important to you?
Parenting Responsibilities (Guardianship)	
Parenting Time (Schedule)	
Contact with Others	
Child Support	
Section 7 Expenses (Activities, daycare, etc.)	
Spousal Support	
Property Division	

Financial Disclosure	
Costs	
Other - _____	

Have you been to court on this file? Yes No

If so, what were the issues in dispute and was a court Order entered?

If a court Order was entered, please provide a copy or have your lawyer provide a copy to me.

Have you ever tried mediation? Yes No

If yes, was anything resolved?_

Have either you or the other party ever requested/obtained a restraining Order, peace bond, or other form of non-contact Order? Yes No

If yes, please specify: _____

Have the police ever been involved with your family? Yes No

If yes, please specify: _____

Have *Family and Child Services* ever been involved with your family? Yes No

If yes, please specify: _____

Are you comfortable meeting with the other party in the same room as the mediator? Yes No

If no, what is your concern: _____

Are you afraid of the other person? Yes No

If yes, for what reasons: _____

Do you have any concerns for safety of the children? Yes No

Do you have any concerns about the other person's alcohol or drug use?
Yes No

If yes, describe usage:

Do you have concerns about the other person's mental health? Yes No

If yes, please specify:

What do you consider to be the greatest obstacle in reaching an agreement in mediation?

Do you have any other concerns you would like to discuss with the mediator?

Yes No

If yes, please specify:

Please send this completed form to me by e-mail.

***Email: abayer@fhplawyers.com
with a copy to my assistant at:
dcampbell@fhplawyers.com***

