



Confidential Mediation Intake Questionnaire

Please answer this questionnaire as completely as possible. In doing so, you will assist me in facilitating the settlement discussions on issues that are important to you.

Today's Date: _____

Referred to Mediator by: Lawyer Self Other

I. GENERAL INFORMATION

Full Name: _____ Date of Birth _____

Male _____ Female _____

Present Address _____ Phone:(home): _____

_____ (cell): _____

Postal Code _____ Ok to call at work? YES NO

Employer : _____

Lawyer' s Name: _____

Address: _____

Telephone and email:

If you have not retained a lawyer, have you had any legal advice or initial consultations? YES NO

OTHER PARTY'S NAME: _____

II. INFORMATION FOR THE MEDIATOR

1. Did you and the other party ever live together? () YES () NO

When did you begin living together? _____ month _____ year

What was your date of marriage? _____ day _____ month _____ year

When did you separate? _____ day _____ month _____ year

What was the location of your marriage: example: Toronto

2. Are there children from this marriage/relationship with the other party? () YES () NO

Child's Full Name	M/F	Date of Birth	Age	Resides With

3. Have any legal proceedings commenced in court? () YES () NO

If yes, please provide the following:

a) court file# _____

b) next court date _____

c) Is there a court order or written agreement currently in effect?
() YES () NO

If "Yes", what is the date of the order/agreement?

4. Are you entering into mediation voluntarily? () YES () NO

5. Which issues do you want to bring to mediation? Please check the appropriate box.

- () Custody (decision-making and residence)
- () Access (time the child(ren) spends with each parent)
- () Child Support
- () Spousal Support
- () Property Division
- () Other: _____

6. What is the highest level of education you have completed?

- 1. less than high school
- 2. high school diploma
- 3. some post-secondary schooling
- 4. college/technical degree
- 5. university degree, undergraduate
- 6. other: _____

7. In which of the following groups does your yearly gross income fall?

- 1. less than \$15,000
- 2. \$15,000 - \$29,999
- 3. \$30,000- \$59,999
- 4. \$60,000 +

8. What is your yearly **gross household** income? (Income from all sources in your **current** home. For example: new partner's, worker's compensation, all income other than child support)

- 1. less than \$15,000
- 2. \$15,000 - \$29,000
- 3. \$30,000 - \$59,000
- 4. \$60,000 +

9. What is your main source of income currently?

- 1. Full time employment
- 2. Ontario Disability
- 3. Part-time employment
- 4. Social Assistance
- 5. Other: _____

10. Which of the following best describes where you live at the moment?
1. housing owned with a mortgage
 2. housing owned without a mortgage
 3. housing rented privately
 4. friend/relative no rent
 5. friend/relative paying rent
 6. other

11. Are you currently living in the family home with the other party?
 YES NO

If yes, please continue to question #12

If no,

- a) who moved out of the family home?

1. me 2. partner 3. both

- b) who do the children primarily live with?

1. me 2. partner 3. both 4. other: _____

- c) with whom are you living (circle any that apply)

1. new partner 2. parents
3. other relative 4. friends
5. alone 6. other (please specify): _____

12. Who made the decision to separate?

1. me 2. partner 3. both

13. Couples who separate/divorce do so for a number of reasons. Please list the 3 reasons that are most important in your decision to separate.

14. Are you currently in a new marriage or common-law relationship?

YES NO

If yes, since when? Month _____ Year _____

Name of current partner: _____

Do you have other children not mentioned above?

- YES
 NO

Child's Full Name	M/F	Date of Birth	Age	Resides With

15. Language: is English your first language? YES NO

16. Knowledge about separation/divorce:

At the present time, how much do you know about legal and financial matter associated with separating/ divorcing? (check one)

- A LOT SOME A LITTLE HARDLY ANYTHING

17. Compared with your former partner, do you think you are less, more or equally able to obtain those custody, access, support or property division outcomes that are most important to you?

- LESS ABLE MORE ABLE EQUALLY ABLE

18. At the present time, are you emotionally separated from your former partner?

(check one)

- YES COMPLETELY ALMOST COMPLETELY NOT SURE NO

19. Conflict:

Most separating couples have experienced marital conflicts during their marriage. Is this true for you?

- YES NO

20. If yes, during the last year of your marriage, did you experience serious

conflicts about one or more of the following issues? (check as many as apply)

- YOUR WORK THE CHILDREN MONEY COMMUNICATION

FREEDOM TO DO WHAT IS IMPORTANT TO YOU

OTHER* -please specify _____