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FAMILY MEDIATION/ARBITRATION INTAKE FORM

This document is strictly confidential, and is provided to me as part of a confidential (closed) mediation/arbitration 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 me and my staff.

Date: _____ Referred By: _____

Court File No (if any): _____ Next Court Date: _____

Name: _____ Age: _____

Address: _____

Telephone: _____ Cell: _____

E-mail: _____

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 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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. _____	_____ _____
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:

<input type="checkbox"/> Physical abuse / violence	<input type="checkbox"/> Poor Communication
<input type="checkbox"/> Threats	<input type="checkbox"/> Emotional abuse
<input type="checkbox"/> Drugs / alcohol abuse	<input type="checkbox"/> Incompatibility
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Great deal of conflict
<input type="checkbox"/> Infidelity	<input type="checkbox"/> 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 me to know about?

Is there anything else you want me to know?

Please send this completed form by e-mail or fax.