



FAMILY MEDIATION INTAKE FORM

This document is confidential and is provided to us as part of a confidential closed mediation process. It will be reviewed only by the mediator and our staff.

Date _____

Name _____ Age _____

Address _____

Telephone _____

Cell _____

OK to contact you at both these numbers? Yes No

Email _____

OK to Email you? Yes No

Employer/Job _____

Approximate Annual Income _____

Other Party's Name _____

His/Her Employer/Job _____

His/Her Approximate Annual Income _____

Date of Marriage _____

Date of Separation _____

Children of this Relationship?

Name _____ Age _____

Child Resides With _____

Name _____ Age _____

Child Resides With _____

Name _____ Age _____

Child Resides With _____

Name _____ Age _____

Child Resides With _____

Children of other Relationships?

Name _____ Age _____

Child Resides With _____



KAREN LINDSAY-SKYNNER
Barrister & Solicitor

Name _____ Age _____

Child Resides With _____

Name _____ Age _____

Child Resides With _____

Name _____ Age _____

Child Resides With _____

Your Lawyer's Contact Information

Brief History of Your Marriage/Relationship

Issues you would like to deal with in mediation?

Issue

Why is this important to you?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are there any court proceedings regarding your separation, divorce or for a child protection issue?

Any Police file? _____

Any Restraining Orders or Peace Bonds? _____

Any CAS file? _____

Who chose to end the relationship? _____

Why did you separate?

Tell us two positive things about the other partner

Do you have any disabilities that you would like us to know about?

Is there anything else that you would like us to know prior to the confidential pre-mediation intake consultation?

Once completed, please fax back to (905) 513-1170 or scan to admin@klslaw.ca.