

The Mediation Centre/Mediation North: Intake Questionnaire

DATE: _____

LANGUAGE: ENGLISH/FRENCH/OTHER _____ DO YOU IDENTIFY AS INDIGENOUS? YES/NO

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?

Email Address: _____

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) OCJ SCJ UFC

If Court Action, what stage (if known) prior to 1st 1st 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you or your former partner ever been arrested or convicted for committing a violent crime? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	At the present time, do you or your former partner own a gun? It yes, is this a concern for you? Explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are you fearful of your former partner for any reason? If yes, why?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Has your former partner ever threatened to hurt you or your children in any way? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you have any concerns of something happening during Mediation that may cause any future aggression or violence within the family? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Has your former partner ever threatened to deny you access to your children? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Do you have any concerns about the children’s emotional or physical safety? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Have you or your former partner ever had contact with the Children's Aid Society? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Is there currently an open Children's Aid Society file?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Better <input type="checkbox"/> Equally well <input type="checkbox"/> 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?	<input type="checkbox"/> Better <input type="checkbox"/> Equally well <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
17. What is your current employment status? <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Full-time homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired Name of Employer and position held: _____ <input type="checkbox"/> Not employed – if not employed: <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Ontario Works <input type="checkbox"/> ODSP <input type="checkbox"/> Other: _____				
18. What is your total gross income from all sources?	\$			
19. Are you currently in a new marriage/common-law relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when? _____ Name of current partner: _____ Do you have other children not mentioned above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list below.				
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: (a)				

(b)
(c)
(d)

<p>21. Have you signed a Separation Agreement with your former partner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? _____</p> <p>Did you sign a Cohabitation, Pre-Nuptial or any other domestic contract that set out what would happen if you separated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you entering into mediation voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain:</p>
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<p>22. Why have you chosen mediation to resolve your Family Law matter?</p> <p>Do you require any accommodations to participate in mediation ? (e.g. accessibility, interpreter services)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>23. Which of the following best describes where you live currently? (Please check one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> House (owned) with a mortgage</td> <td style="width: 50%;"><input type="checkbox"/> House (owned) without a mortgage</td> </tr> <tr> <td><input type="checkbox"/> House rented privately</td> <td><input type="checkbox"/> House rented from Ontario Housing</td> </tr> <tr> <td><input type="checkbox"/> Live with a friend/relative (no rent)</td> <td><input type="checkbox"/> Live with a friend/relative (with rent)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p>Are you currently living in the matrimonial home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>At the time of your separation, who moved out of the family home? <input type="checkbox"/> You <input type="checkbox"/> Both <input type="checkbox"/> Partner <input type="checkbox"/> Neither</p>	<input type="checkbox"/> House (owned) with a mortgage	<input type="checkbox"/> House (owned) without a mortgage	<input type="checkbox"/> House rented privately	<input type="checkbox"/> House rented from Ontario Housing	<input type="checkbox"/> Live with a friend/relative (no rent)	<input type="checkbox"/> Live with a friend/relative (with rent)	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> House (owned) with a mortgage	<input type="checkbox"/> House (owned) without a mortgage							
<input type="checkbox"/> House rented privately	<input type="checkbox"/> House rented from Ontario Housing							
<input type="checkbox"/> Live with a friend/relative (no rent)	<input type="checkbox"/> Live with a friend/relative (with rent)							
<input type="checkbox"/> Other: _____								

<p>24. Who made the decision to separate?</p>	<input type="checkbox"/> Me <input type="checkbox"/> Both <input type="checkbox"/> Partner
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<p>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.</p> <p>Reason 1 -</p> <p>Reason 2 -</p>

Reason 3 -

Is there anything else you would like to tell us?

Please read the following Acknowledgement and sign at the bottom:

I consent to participating in the mediation intake process. I understand that this is the first step in the mediation process.

I understand that this meeting with the mediator will be confidential and the mediator will not share what was said with the other party or anybody else. The exceptions to the confidentiality rule are:

1. My lawyer
2. Research or educational purposes (non identifying information only)
3. Where there are concerns that there is a child in need of protection
4. Where there is a threat to human life or safety

I agree that I will not subpoena the mediator and/or the mediation records.

If we are mediating via technology, I acknowledge the risks and privacy inherent in the technology.

I understand that attending the intake process does not commit me to the mediation process and that I may opt out at any time for any reason. Likewise, I acknowledge that the mediator may also make the decision not to proceed with the mediation.

Signature

Date