

**Client Information Form**

It is important that you complete this form as accurately and fully as possible. This document is confidential and will be seen only by our office personnel.

Please mark clearly any information which you are uncomfortable discussing with your spouse or partner in mediation.

**Today's Date:** \_\_\_\_\_

**How did you find us:**

Referred by Judge? \_\_\_\_\_  
Referred by Lawyer? \_\_\_\_\_  
Website? \_\_\_\_\_  
Word-of-Mouth? \_\_\_\_\_  
Other? \_\_\_\_\_

**NAME:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Which number do you prefer we contact you? \_\_\_\_\_

Email Address: \_\_\_\_\_

OK to email you at this address? Yes \_\_\_\_ No \_\_\_\_

**\*\*Does your former spouse know your email address? Yes \_\_\_\_ No \_\_\_\_**

**EMPLOYER:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Okay to call work? Yes \_\_\_\_ No \_\_\_\_

**YOUR LAWYER:** \_\_\_\_\_

Telephone: \_\_\_\_\_

**OTHER PARTY: (former spouse or partner)** \_\_\_\_\_

His/Her current address: \_\_\_\_\_

His/Her date of birth: \_\_\_\_\_

His/Her employer: \_\_\_\_\_

Do you have any interest in reconciliation with this person? Yes \_\_\_\_ No \_\_\_\_

Are there any legal reasons that prevent you from communicating directly or indirectly with this person?

**Did you and the other party ever live together?** Yes \_\_\_\_ No \_\_\_\_

When did you begin living together? \_\_\_\_\_

What was your date of marriage? (if married) \_\_\_\_\_

When did you last separate? \_\_\_\_\_

**YOUR CHILDREN with this former spouse/partner:**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Living with: \_\_\_\_\_



**Please tell us two positive things about the other party.**

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Are you in a new relationship? Yes \_\_\_\_ No \_\_\_\_

If so, since when?

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Are you living with that person?

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Does that person have children?

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**What issues or concerns do you hope to address in this mediation process?**

**Issue/Concern**

**Why is this important to you?**

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**Have you or the other party started Court proceedings?** Yes \_\_\_\_ No \_\_\_\_

If so, what stage are those proceedings at? \_\_\_\_\_

When is the next Court date? \_\_\_\_\_

**What do you consider to be the biggest obstacle towards reaching agreement in this mediation with your former spouse/partner?**

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**Have the police ever been involved with your family? If so, why?**

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**Are you afraid of your former spouse/partner? If so, why?**

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**In your view, did any of the following cause your relationship to end? (please circle any that apply to you)**

we grew apart

physical incidents

drug/alcohol problem

different values

financial issues

mental health issues

affair(s)

emotional abuse

poor communication

**Other issues or concerns:**

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**Is there anything else you would like the mediator to know before you attend your Consultation/Intake meeting?**

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