

Client Information Form

It is important that you complete this form as accurately and completely as possible. This document is confidential and will only be seen by the mediator (and staff, if applicable). Please mark any information that you are uncomfortable discussing with your spouse or partner in mediation.

Today's Date: _____

Name: _____

Address: _____

Telephone Number(s): (c) _____

(h) _____

Email address: _____

Is it ok to email you at this email address?

Does your former spouse have/can have this email address?

Your Age: _____

Your Employer: _____

Your Annual Income: _____

Your Lawyer: _____ **Lawyer's Phone:** _____

Other party (former spouse/partner): _____



His/her age:

His/her employer:

His/her income:

Do you have any interest in reconciling (re-partnering) with this person? Yes _____ No _____

Are there any legal reasons that prevent you from communicating, directly or indirectly, with this person? (If so, please describe).

Did you and the other party ever live together?

When did you begin living together? _____

What was your date of marriage? _____

When did you last separate? _____

YOUR CHILDREN with your 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: _____

Do you have other children? If so:

Name: _____ Date of Birth: _____ Living with: _____

Name: _____ Date of Birth: _____ Living with: _____

Please provide a Brief History of your relationship/marriage:



Please tell us two positive things about the other party:

Are you in a new relationship? Yes_____ No_____

If so, since when? _____

Are you living with that person? _____

Does that person have children? _____

What issues do you hope to address in the mediation process?

Issue

Why is this important to you

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you or the other party started court proceedings?



If so, at what stage are the proceedings? _____

When is the next court date? _____

What do you consider to be the biggest obstacle(s) in reaching an agreement in mediation?

What do you consider to be the greatest strength for you and your ex-spouse in reaching an agreement in mediation?

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

Are you afraid of the other person? If so, why?



Has the Children's Aid Society ever been involved with your family? If so, please describe.

In your view, why did the relationship end?

Poor communication by partner:

Poor communication by me:

Mental health issues of partner:

My mental health issues:

Violence (describe):

Emotional abuse (describe):

Drug or alcohol problem of partner:

My drug or alcohol problems:

Affair by partner:

My affair:

Conflict over money:

Incompatibility:

Other (describe):

Is there anything else you would like to tell us about?
