



FAMILY MEDIATION INTAKE FORM

This document is strictly confidential and is provided as part of a confidential (closed) mediation process. The only exceptions are if a child is at risk of harm, if any person is in imminent danger and if a judge orders disclosure of this information. This information will be read only by your mediator and our staff.

Date: _____

Referral Source: _____

Your Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Can I leave a message at this number? Y/N

Email: _____

Can I share this email with the other party? Y/N

Name of Other Party: _____



Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Date you started living together: _____

Date you were married: _____

Date you separated: _____

Are you interested in reconciliation? Y/N

Are there ongoing court proceedings? Y/N

When did the court proceeding begin: _____

What is your next court date: _____

What is the next scheduled appearance? _____

Are there any previous court orders or agreements? _____



Are there any legal reasons preventing you from communicating directly or indirectly with the other party (peace bond, emergency protection order, bail conditions, etc)?

Is the Department of Children, Seniors and Social Development (formerly CYFS) involved with any of your children or anyone in your family?

Do you or your former partner/spouse have any involvement with the police or the Criminal Court System? If yes describe.

Do you have any concerns about being in the same room with your former partner/spouse?

Who made the decision to end the relationship? _____

Please tell us one positive thing about the other party:

Are there any children from this relationship?

Child's Name:

Date of Birth:

Child is Living With:



Do you or your former partner/spouse have children from other relationships?

Child's Name:

Date of Birth:

Child is Living With:

Have you obtained legal advice or hired a lawyer? Y/N

Lawyers Name (if applicable):

What are the issues you would like to discuss in mediation?

Do you have any disabilities you would like to inform us about?

Is there anything else you would like us to know?

Please complete and return this form by email or fax

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