

MERCIER MEDIATION AND FINANCIAL SERVICES
INTAKE FORM

This document is strictly confidential, and is provided to us as part of a confidential (closed) mediation process. *The only exceptions are if a child is at risk of harm, any person is in imminent danger or a judge orders disclosure of this information.* It will help us assign the best-suited mediator to your file. It will be read only by the mediator and our staff.

Date _____ Referred By _____

Name _____ Age _____ Birth Date _____

Address _____

Telephone _____ Cell _____

Email _____

Is it ok to email you at the above address? Yes ___ No ___

Is it ok to share this email with the other party? Yes ___ No ___

Employer/ Job _____

Annual Income _____

Work Telephone _____ Ok to call work? Yes ___ No ___

What is your first language? _____

Date of marriage/cohabitation _____

Date of separation _____

Your Lawyer _____

Other Party Name _____ Age _____ Birth Date _____

His/Her Employer/ Job/ Annual Income _____

Do you have interest in reconciliation with this person? _____

Are there any legal reasons that prevent you from communicating directly or indirectly (restraining order/ peace bond)? _____

Who made the decision to end the relationship? _____

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Tell us one positive thing about the other party. _____

Please provide a brief history of your marriage / relationship: (next page)

Are there children from this marriage / relationship?

Child's Name	Age	Birth Date	Child is living with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have children from any other relationships?

Child's Name	Age	Child is living with
_____	_____	_____
_____	_____	_____

What are the issues that you want to discuss in mediation?

Issue	Why is this important to you?
a. _____	_____

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b. _____

c. _____

d. _____

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

What do you consider to be the greatest obstacle in reaching an agreement in mediation?

Indicate the reasons that best explain your reasons for separating.

_____ Physical abuse / violence

_____ Poor Communication

_____ Threats

_____ Emotional abuse

_____ Drugs / alcohol abuse

_____ Incompatibility

_____ Mental illness

_____ Great deal of conflict

_____ Infidelity

_____ Taking advantage of the other person

Other _____

Is there any a) Police file Yes _____ No _____

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

Is there anything else you want us to know?

Have you had any counselling before related to what?

Do the children have any disabilities?

Please send this completed form by e-mail or fax.

angela@angelamercier.ca

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