

VICTORIA SMITH, JD, C.Med., Cert.CFM (FMC)

CONFIDENTIAL INTAKE FORM FOR MEDIATION

This form and its contents will not be shared with your partner or his/her counsel without your permission. Please return the completed form prior to your individual mediation session. Thank you in advance for completing it.

Your name (in full): _____

Partner's name (in full): _____

Your Address (including postal code): _____

Home #: _____ Cell #: _____

Fax #: _____ E-Mail: _____

Address where mail should go if different from above: _____

Who referred you to us? _____

Your employer's Name and Address: _____

Work #: _____

Your employment position/title: _____

Your lawyer's name and address: _____

Your lawyer's telephone #: _____ Fax #: _____

Date and place you were married or began cohabiting (underline which): _____

Date of Separation: _____

Do you reside in the same household at this time? _____

If not, who moved out and when: _____

Name(s) of children:	Date of birth:
_____	_____
_____	_____
_____	_____

Your date of birth: _____

Your partner's date of birth: _____

Describe your situation and the issues that need to be settled from your perspective (use back, or additional pages, if necessary): _____

Has there been a history of abuse (physical, emotional, verbal, mental, psychological) between you and your partner? If so, please explain. When was the last incident?

If there are any language, cultural, religious, ethnic or other matters relating to the mediation and/or issues to be mediated, please outline:

