



CHRISTINE KIM
MEDIATION

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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 help assign the best-suited mediator to your file and will be read only by the mediator and our staff.

Date: _____

Referred By _____

Court File No. _____

Status of File _____

Name _____

Address _____

Email _____

Primary Telephone # _____

Mobile # _____

May we email you at the above address?

May we share this email with the other party?

Employer/Job: _____

Annual Income: _____

Work Tel: _____

May we call you at work?

Preferred language of communication: _____

Date of marriage/cohabitation: _____

Date of separation: _____

Name of lawyer: _____

Name of other party: _____

Age: _____

His/her employer/job:

Annual income:

Are you interested in reconciliation?

Are there any legal reason(s) preventing you from communicating directly or indirectly (restraining order/peace bond)?

Who made the decision to end the relationship?

Please tell us one positive thing about the other party.

Please provide a brief history of your marriage/relationship.

Are there children from this marriage?

Child's Name

Age

Child is living with?

Do you have children from any other relationship(s)?

Child's Name

Age

Child is living with?

What are the issues you wish to discuss in mediation?

Issue

Why is this important to you?

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

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

Indicate the factors that best explain your reasons for separating.

- | | |
|--|---|
| <input type="checkbox"/> Physical abuse / violence | <input type="checkbox"/> Poor communication |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Threats |
| <input type="checkbox"/> Drug / alcohol abuse | <input type="checkbox"/> Incompatibility |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Great deal of conflict |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> Taking advantage of the other person |

Other:

Is there any CAS file
 Police file

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

Is there anything else you would like us to know?

Please return this completed form by email or fax.