



**Bluewater
Mediation**

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MEDIATION INTAKE FORM

Please read and sign the Agreement to mediate before completing this form.

Please complete this form as fully and accurately as possible. This document is confidential, will not be shared with any other party to the mediation.

Today's Date: _____

NAME: _____ **Age:** _____

Address: _____

Telephone: _____ **Cell:** _____

Which number should we call you at? _____

Email Address: _____

Do you agree that we can contact you at this email address? _____

EMPLOYER: _____

Telephone: _____ **Ok to call work?** Yes ___ No ___

Annual Income: _____



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DO YOU HAVE A LAWYER?

Yes _____ No _____

Name: _____

Telephone: _____

DOES THE OTHER PARTY HAVE A LAWYER?

Yes _____ No _____

Name: _____

Telephone: _____

OTHER PARTY: (former spouse or partner) _____

Address: _____

His/Her age: _____

His/Her employer: _____

His/Her annual Income: _____

Do you have any interest in reconciling with this person? Yes _____ No _____

Are there any legal reasons that prevent you from communicating directly or indirectly with this person? _____

Did you or the other party ever live together?

Yes _____ No _____

When did you begin living together? _____

What was your date of marriage? (if married) _____

When did you separate? _____

YOUR CHILDREN with this former spouse/partner:

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



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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: _____

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

Please provide a brief history of your marriage/relationship:

(please provide information regarding the roles of the spouse/partner in the relationship, education, career, and any major events during the relationship)



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Please provide a brief of history of events since separation:

Please provide 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? _____

How many children? _____ What are their ages? _____

What issues do you wish to discuss in mediation?

1. If you would like to discuss **CUSTODY** at your mediation please answer the following questions:



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Are you interested in discussing:

i. Where the children will live?

Yes _____ No _____

ii. Whether you and the other parent will share in the decision making?

Yes _____ No _____

iii. What else would you like the mediator to know about his issue?

2. If you would like to discuss **PARENTING TIME** (visitation) at your mediation please answer the following questions:

Are you interested in discussing:

i. The amount of parenting time (visitation) for the non-custodial parent?

Yes _____ No _____

ii. Timing/scheduling of parenting time?

Yes _____ No _____

iii. Pick up and drop off of children?

Yes _____ No _____



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- iv. One parent not exercising parenting time? Yes _____ No _____
- v. One parent is not allowing parenting time? Yes _____ No _____
- vi. Procedures for making changes to parenting time (when the child or parent is unable to make a visit?) Yes _____ No _____
- vii. Holiday Schedule? Yes _____ No _____
- viii. Make-up parenting time? Yes _____ No _____
- ix. Extended/Summer parenting time? Yes _____ No _____
- x. Emergency contact procedures during parenting time? Yes _____ No _____
- xi. Phone calls or other communication with children while they are with other parent/guardian? Yes _____ No _____
- xii. Limitation on visits (structure of visits, or who can attend)? Yes _____ No _____
- xiii. Child care when parent is not available during his/her time with the children? Yes _____ No _____

xiv. What else would you like for the mediator to know about this issue?



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3. Would like to discuss **FINANCIAL ISSUES INCLUDING CHILD SUPPORT** at mediation please answer the following questions:

Are you interested in discussing Child support (establishing it or changing it)?

Yes _____ No _____

If you want to discuss child support in the mediation. YOU MUST PROVIDE THE FOLLOWING INFORMATION:

a) What is your grossly (before taxes) Weekly Income? \$ _____ **per week**

b) How much, if anything, do you pay for the child(ren)'s portion of health insurance?

c) How many children do you have that were born **after** the child(ren) in this case?

d) How many children do you have that were born before the child(ren) in this case?

Please provide any current child support worksheets for these children. If you don't have the worksheets, then list the child support you currently pay for each child:

i. Child: _____ Amount of support per week: _____

ii. Child: _____ Amount of support per week: _____

iii. Child: _____ Amount of support per week: _____

e) How much, if anything, do you pay in work-related child care expenses for the child(ren) in this case?



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f) Current parenting time scheduled:

What's the regular or weekly parenting time scheduled?

What's the holiday parenting time schedule?

What's the extended (summer) parenting time schedule?

g) Are you interested in discussing Health Insurance? Yes ___ No ___

h) Are in interested in discussing daycare or school fees? Yes ___ No ___

i) Who claims the children as dependents on tax returns? Yes ___ No ___

a. What are your current arrangement concerning claiming the children as dependants?

j) Other additional financial issues?



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4. If you would like to discuss the issue of **PROPERTY OR DEBT** at mediation please answer the following questions:

a) Please describe what property needs to be divided:

b) Please describe what debt needs to be divided:

c) How do you suggest the property and/or debt should be divided:

5. If you would like to discuss **COMMUNICATION ISSUES** at mediation please answer the following questions:

Are you interested in discussing:

a) Notification/attendance at child's school or other activities? Yes ____ No ____



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- b) Notification of child's medical information? Yes ____ No ____
- c) Day care issues? Yes ____ No ____
- d) School issues or arrangements? Yes ____ No ____
- e) Clothing issues? Yes ____ No ____
- f) Care of child(ren) during visits? Yes ____ No ____
- g) Exchanges? Yes ____ No ____
- h) Other:

6. What (if any) **ADDITIONAL ISSUES** would you like to discuss in mediation?
(For example: services for the children or any party (eg. Mental health, substance abuse), maintenance or spousal support, establishing paternity, etc.)



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7. Have you or the other party started a Court proceeding? Yes ____ No ____

If so, what stage are those proceedings at? _____

When is the next Court date? _____

8. What do you consider to be the biggest obstacle towards reaching agreement in this mediation with your former spouse/partner?

9. Have the police ever been involved with your family? If so, why?



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10. Are you afraid of your former spouse/partner? If so, why?

11. Is there a restraining Order? Yes No

12. Has either party requested a restraining Order? Yes No

13. Has the Children's Aid Society been involved in your case? Yes No

14. Are you comfortable meeting with the other party in the same room with the mediator?

Yes No If no, what is the concern? _____

15. Are you afraid of the other person? Yes No

16. Do you have any concerns for the safety of your children? Yes No

17. Do you have concerns about the other person's alcohol or drug use? Yes No

18. Do you have concerns about the other person's mental health? Yes No

19. Do you have any other concerns you would like to discuss? Yes No

Comments: _____



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20. In your view, why did your relationship end? (please circle any that apply to you)

- a. My partner's violence against me
- b. my violence against my partner
- c. My partner's emotional abuse of me
- d. my emotional abuse of my partner
- e. My partner's drug/alcohol problem
- f. my drug/alcohol problem
- g. My partner's poor communication
- h. my poor communication
- i. My partner's sexual problems
- j. my sexual problems
- k. My partner took advantage of me
- l. I took advantage of my partner
- m. My partner's mental health issues
- n. my mental health issues
- o. My partner had an affair
- p. I had an affair
- q. We fought about money
- r. we have difference values
- s. Other:



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21. Is there anything else you would like the mediator to know before you attend your Consultation/Intake meeting?
