



# PaulBrownMediation

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## NEW CLIENT INTAKE FORM

*This document is strictly confidential, and is requested as part of the mediation and collaborative processes. It is designed to assist us in preparing for your first, one-on-one meeting with the Mediator/ Family Professional, and will only be seen by our office personnel.*

Intake Fee: \$175 + HST = \$197.75 Referred By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ok to Text: Yes   
No

Email: \_\_\_\_\_

Permission to display email address in group emails with the other party/ lawyer. Yes   
No

Employer/ Job Title: \_\_\_\_\_

Lawyer: \_\_\_\_\_ Consent to Yes   
Contact Lawyer: No

Lawyer's Telephone/ email: \_\_\_\_\_

Former Partner/ Other Party: \_\_\_\_\_

Date of Marriage/ Cohabitation: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Who made the decision to end the relationship? \_\_\_\_\_

Indicate which reasons for separation best relate to your situation.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Addictions         | <input type="checkbox"/> Drug/ Alcohol Use | <input type="checkbox"/> Family Conflict |
| <input type="checkbox"/> Incompatibility    | <input type="checkbox"/> Infidelity        | <input type="checkbox"/> Mental Illness  |
| <input type="checkbox"/> Poor Communication | <input type="checkbox"/> Sexual Problems   |  |
| <input type="checkbox"/> Other: _____       |  |  |

Do you have any interest in reconciliation with this person? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any legal reasons that prevent you from communicating directly or indirectly with the other party (eg. restraining order, peace bond, recognizance, etc)? YES \_\_\_\_\_ NO \_\_\_\_\_

*If YES, attach a copy of the conditions (eg. restraining order, peace bond, recognizance, etc).*

Is this matter in court? Yes   
No  If YES, when does it return to court? \_\_\_\_\_

Are there children from this relationship? YES \_\_\_\_\_ NO \_\_\_\_\_

Child's Name	Age	Date of Birth	Child is Living With:

Are you in a new relationship? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, have the children met this person? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, do you live with this person? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have other children from other relationships? YES \_\_\_\_\_ NO \_\_\_\_\_

Child's Name	Age	Date of Birth	Child is Living With:

Has the Children's Aid Society ever been involved with your family? YES \_\_\_ NO \_\_\_

Is the Children's Aid Society currently involved with your family? YES \_\_\_ NO \_\_\_

If YES, provide the worker's name, and contact information. \_\_\_\_\_

\_\_\_\_\_

Please tell us at least one (1) positive thing about the other person. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the issues that you want to discuss in Mediation/ Collaborative Process & why?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

*Cancellation Policy must be signed & returned along with this Intake Form prior to booking your intake appointment.*

Please email completed forms to [paul@paulbrownmediation.com](mailto:paul@paulbrownmediation.com).