



# PaulBrownMediation

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## NEW CLIENT INTAKE FORM

(Voice of the Child Report)

*This document is strictly confidential, and is requested as part of the Voice of the Child Report (VCR) process. It is designed to assist us in preparing for your first, one-on-one meeting with the VCR practitioner, 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 \_\_\_\_\_

What do your children know about the separation? \_\_\_\_\_

\_\_\_\_\_

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

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).

Child(ren) of VCR	Age	Living With:

Connection with the child(ren) (eg. parent, sibling, etc)? \_\_\_\_\_

Relationship with the child(ren) (positive, strained, etc) : \_\_\_\_\_

\_\_\_\_\_

Is the youth involved in any therapy/ counselling? YES \_\_\_ NO \_\_\_  
 If YES, please provide the name & contact information of the therapist: \_\_\_\_\_

\_\_\_\_\_

Has a VCR been completed previously? YES \_\_\_ NO \_\_\_  
 If YES, when & by whom? \_\_\_\_\_

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, please indicate list the agency, worker, and contact information.

\_\_\_\_\_

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

Child's Name	Age	Child Living With

What are the issues that you want to explore in the VCR?

- 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.