

# Summerhill Family Mediation

## ONLINE INTAKE FORM

This document is strictly confidential and forms a part of a confidential closed mediation process. The only exceptions are if a person is in imminent danger, a child is at risk of harm or a judge orders disclosure of this information. It will be read only by the mediator and our staff.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Is it OK to email you at the above address?  Yes  No

Is it OK to share this email with the other party?  Yes  No

Employer/Job: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Date of marriage/cohabitation: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Your lawyer: \_\_\_\_\_

Do we have consent to copy your lawyer with correspondence?  Yes  No

Other party Name: \_\_\_\_\_

Their Employer/Job: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Do you want to get back together?  Yes  No

Is there a no contact order?  Yes  No *Details:* \_\_\_\_\_

Are there any court orders?  Yes  No *Details:* \_\_\_\_\_

Is there a separation agreement?  Yes  No *Date:* \_\_\_\_\_

**Please provide a copy of any agreements, parenting plans, court orders**

# Summerhill Family Mediation

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

Tell us one positive thing about the other party? \_\_\_\_\_

Please provide a brief history of your marriage/relationship:

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Are there children from this marriage/relationship?

Child's Name	Age	Child is living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any children from any other relationship?

Child's Name	Age	Child is living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are the issues that you wish to discuss in mediation? Why is each important to you?

1. \_\_\_\_\_: \_\_\_\_\_
2. \_\_\_\_\_; \_\_\_\_\_
3. \_\_\_\_\_; \_\_\_\_\_
4. \_\_\_\_\_; \_\_\_\_\_
5. \_\_\_\_\_; \_\_\_\_\_

# Summerhill Family Mediation

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

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What do you consider to be the greatest obstacle in reaching and agreement in mediation?

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Indicate the reasons that best explain your reasons for separating:

Physical abuse/violence

Poor communication

Threats

Emotional abuse

Drugs/alcohol abuse

Incompatability

Mental illness

Great deal of conflict

Infidelity

Taking advantage of the person

Conflict about pets

Other: \_\_\_\_\_

Is there a police file?  Yes  No *Details:* \_\_\_\_\_

Is there a Children's Aid Society file?  Yes  No *Details:* \_\_\_\_\_

Do you have any disabilities you would like us to know about? \_\_\_\_\_

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Do you have any concerns about the other person's mental health? \_\_\_\_\_

Are you living in the same house as the other person?  Yes  No

Do you have a private place where you can have an online meeting without anyone else hearing or watching you?  Yes  No

# Summerhill Family Mediation

Is there anything else you would like to share?

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## PRIVACY AND TECHNOLOGY

Do you have your own computer that is private, password-protected, has a camera and a microphone?

Yes       No

Do you have a private place where you can have an online meeting without anyone else hearing or watching you (including children)?

Yes       No

Are you living in the same residence as the other person?

Yes       No

*Please complete and return, or scan completed form by email to [lindsay@summerhillmediation.com](mailto:lindsay@summerhillmediation.com)*