



General Mediation Intake Form

This form is private and confidential. It is provided as part of a confidential (closed) mediation process. The only exception will be if the safety of a child is at risk or if there are threats of imminent harm to yourself or another person. Otherwise we will not share any of this information without your consent.

Date _____

Referred By – Lawyer, Judge, Self, Other: _____

PERSONAL INFORMATION

First Name _____

Middle Name(s) _____

Surname _____

Date of Birth _____

Telephone Number/Cell Number _____

Street Address _____ Postal Code _____

City _____ Province _____

Email _____

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

Is it okay to leave a phone message at the above number? Yes - No

Name of Employer/Nature of Job _____

Work Phone Number _____ Is it okay to call at work? Yes - No

THE OTHER PARTY

First Name _____

Surname _____

Contact Information _____

Is the other party agreeable to mediation? Yes – No - Unknown

Is it okay for the mediator to contact the other party using the contact information provided? Yes - No

BACKGROUND INFORMATION

Briefly describe the dispute. (Just a short, quick summary for future discussion. Use a separate sheet if necessary)

What are the issues you wish to discuss in mediation, and why are they important to you? (These issues will be discussed and expanded in more detail later. Use a separate sheet if necessary)

What are you hoping to achieve in seeking mediation?

What do you believe is the greatest obstacle to reaching an agreement in mediation?

Are there any legal reasons (i.e. No Contact Order/Peace Bond) that prevent you from communicating directly or indirectly with the other party?
Yes - No - If so, explain.

Do you have any concerns about being in the same room with the other party with the mediator present? Yes - No

Do you have a lawyer? If so, what is the name, telephone number and email address?

Does the other party have a lawyer? Yes - No - Unknown

Have you or the other party started Court proceedings? If so, explain.

Do you have any disabilities you would like us to know about that could affect your participation in mediation?

Is there anything else you would like us to know?



250-505-6342
rob@supportworksfacilitation.ca
ALTERNATIVE DISPUTE RESOLUTION