



Client Information Form

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

It is important that you complete this form as accurately and fully as possible. This document is confidential and will be seen only by our office personnel and the Mediator. *It will not be seen by the other party.*

Please mark clearly any information which you are uncomfortable discussing with your spouse or partner in mediation.

Today's Date: _____

How did you find Suzor Law & Mediation

Referred by Judge? _____
Referred by Lawyer? _____
Website? _____
Former client? _____
Other? _____

NAME: _____ Date of Birth _____

Address: _____

Telephone: _____ Cell # _____

Which number should we call you at? _____

Email Address _____

OK to email you at this address? _____

****Does your former spouse know your email address** _____

EMPLOYER: _____

Telephone: _____ Okay to call work? Yes ___ No ___

Annual Income: _____

Have you consulted a lawyer? If so, who?

Are you in a court proceeding at this time, and if so, what stage is it at? _____

OTHER PARTY: (former spouse or partner)

His/ her age? _____ His/her employer? _____
His/her annual income? _____

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 this person?

Did you and 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 last separate? _____

YOUR CHILDREN with this former spouse/partner:

Name: _____ Date of Birth _____ Living with: _____

Name: _____ Date of Birth _____ Living with: _____

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.

(major events such as illnesses, residential moves, career changes; education, etc.)

_____ See Next Page

Please tell 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? _____

What issues do you hope to address in this mediation process?

| Issue | Why is this important to you? |
|-------|-------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

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

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

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

we grew apart

different values

affair(s)

drug/alcohol problem

mental health issues

physical incidents

financial issues

emotional abuse

poor communication

Other issues

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

Confidential