

This document is strictly confidential, and will be seen only by our office personnel. It is requested to assist in the preparation for your initial meeting with our office.

Today's Date _____

How did you hear about us:

<input type="checkbox"/> Friend/colleague	<input type="checkbox"/> Google Search	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Magazine/newspaper advertising	<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter
<input type="checkbox"/> YouTube	<input type="checkbox"/> LinkedIn	<input type="checkbox"/> Business Street sign
<input type="checkbox"/> Alt Divorce vehicle	<input type="checkbox"/> Bus bench advertising	<input type="checkbox"/> Other: _____

CLIENT information

Full Name: _____

Address: _____

Can we contact you confidentially at this address: Yes ____ No ____

Is this the matrimonial home? Yes ____ No ____

If no, provide address for the matrimonial home: _____

Tel. Res.: _____ Okay to call residence? Yes ____ No ____

Cell / Alternate: _____ Okay to call cell? Yes ____ No ____

Work Telephone _____ Okay to call work? Yes ____ No ____

Email: _____

Can we contact you confidentially at this email: Yes ____ No ____

Confidential Email _____

Date of Birth: _____

Resident in (municipality & province) _____ since _____

Surname at birth: _____ Surname just before marriage: _____

Divorced before? No Yes (Place and date of previous divorce) _____

Employer and Job Title _____

Annual Income _____

Telephone / Email _____

SPOUSE's information

Full Name: _____

Date of Birth: _____

Resident in (municipality & province) _____ since _____

Surname at birth: _____ Surname just before
marriage: _____

Divorced before? No Yes (Place and date of previous divorce) _____

Employer and Job Title _____

Annual Income _____

Do you have any interest in reconciliation with this person? Yes ____ No ____

Are there any legal reasons that will prevent you from communicating directly or indirectly with this person? (restraining order / peace bond) _____

BACKGROUND INFORMATION

1. When did you begin to live together? _____

2. What is the date of your marriage, if you are married? _____

3. Place of marriage? _____

3. What is date the relationship ended? _____

4. Who made the decision to end the relationship? _____

5. Please provide a brief history of your marriage / relationship

6. Please tell us one positive thing about the other party.

7. Are there children from this marriage / relationship?

Child's name	Date of Birth	Living with	Year/Grade /School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Are you in a new relationship? Yes _____ No _____

9. Do you have other children from other relationships?

Child's name	Age	Date of Birth	Child is living with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. What are the topics that you want to discuss?

Topics	Why is this a concern for you?
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____

11. Have you started legal action in court? Yes ____ No ____

If yes, how far has the case progressed? _____

12. What do you consider to be the greatest obstacle to reaching an agreement?

13. Indicate the reasons that best explain your reasons for separating.

____ Physical Abuse / Violence	____ Poor Communication
____ Emotional Abuse	____ Sexual Problems
____ Drugs / Alcohol Abuse	____ Incompatibility
____ Mental Illness	____ Great Deal of Conflict
____ Infidelity	____ Taking Advantage of the Other Person

Other _____

14. Do you have any concerns about meeting with your partner in my presence? If so, please explain. (FOR MEDIATION ONLY)

15. Is there anything in your past relationship (e.g. the way you argued, power/control issues, abuse issues) that might affect your ability to speak freely?

16. Do you have any other concerns that you would like to address at this time?

