

## FAMILY MEDIATION REFERRAL FORM

Date \_\_\_\_\_ Referred By \_\_\_\_\_

Court File No: \_\_\_\_\_ Status of file \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home 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 \_\_\_\_\_

Work Telephone \_\_\_\_\_ *Ok to call work?*    Yes    No

What is your first language? \_\_\_\_\_

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

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

Your solicitor's name and address \_\_\_\_\_

Other Party Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone numbers \_\_\_\_\_

His / Her Employer/ Job/ Annual Income \_\_\_\_\_

Do you have interest in reconciliation with this person? \_\_\_\_\_

Are there any legal reasons that prevent you from communicating directly or indirectly  
(for example: **restraining order**)? \_\_\_\_\_

Who made the decision to end the relationship

Please provide a brief history of your marriage / relationship: (next page)

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Are there children from this marriage / relationship?

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

Do you have children from any other relationships?

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

What are the issues that you want to discuss in mediation?

Issue	Why is this important to you?
a. _____	_____
	_____
b. _____	_____
	_____

c. \_\_\_\_\_

\_\_\_\_\_

d. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Indicate the reasons that best explain your reasons for separating.

\_\_\_\_\_ Physical abuse / violence

\_\_\_\_\_ Poor Communication

\_\_\_\_\_ Threats

\_\_\_\_\_ Emotional abuse

\_\_\_\_\_ Drugs / alcohol abuse

\_\_\_\_\_ Infidelity

\_\_\_\_\_ Mental illness

\_\_\_\_\_ Great deal of conflict

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Other \_\_\_\_\_

\_\_\_\_\_

Is there any	a) Police file	Yes	No
	b) Social Service file	Yes	No

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

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Is there anything else you want us to know?

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How did you hear about Together Mediation ?

**Please send this completed form by e-mail or post.**