



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

MEDIATION INTAKE FORM

This form is very important. Providing an accurate and complete answer to every question will assist the Mediator in helping you and your spouse resolve issues at mediation. Each spouse will have to fill out their own form. Once completed, please bring this form to your pre-mediation meeting with the Mediator.

A. GENERAL INFORMATION

YOU:

Full Legal Name
(Including Aliases):

Current Home Address:

Mailing Address (if different
than Home Address):

Your Contact Info:

Cell Phone:

()

Personal Email:

Home Phone:

()

Work Address:

Work Phone:

()

Have you received advice from a
lawyer?

Yes

No

If Yes, provide lawyer name:

YOUR SPOUSE OR COMMON-LAW PARTNER:

Full Legal Name:
(Including aliases)

Current Address:

Spouse's Contact Info:

Cell Phone:

()

Personal email:

Home Phone:

()

Work Address:

Work Phone:

()



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

Has your spouse received advice from a lawyer?			Yes		No		Unknown
If Yes, provide lawyer name:							
B. COHABITATION / MARRIAGE PARTICULARS							
(1) Date of marriage, of if common-law, date you began living together:							
(2) Place of marriage, if married:							
(3) Premarital cohabitation:			Yes		No		
	If Yes, date cohabitation began						
(4) Status before marriage or relationship began?	YOU		SPOUSE				
	Never married	<input type="checkbox"/>	Never married	<input type="checkbox"/>			
	Divorced	<input type="checkbox"/>	Divorced	<input type="checkbox"/>			
	Widowed	<input type="checkbox"/>	Widowed	<input type="checkbox"/>			
(5) Surname at birth							
(6) Surname prior to marriage							
(5) Date of birth							
(6) Place of birth (City, Province and Country)							
(7) BC resident since month/year							



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

C. DETAILS OF SEPARATION

(1) Date of separation: _____				
(2) Any cohabitation since separation:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(3) Any previous separations? If Yes, please provide dates of the separation periods.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(4) Any existing written Separation Agreements or Court Orders? If Yes, please provide copies.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(5) Reasons for separation: _____				
(6) Is there a prenuptial or cohabitation agreement? If Yes, please provide a copy.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(7) Was there a verbal agreement in connection with the separation? If Yes, please provide details.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(8) Are you interested in reconciliation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(9) Is your spouse interested in reconciliation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(10) Have you made attempts to reconcile?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(11) Any mental or physical disability of you, your spouse or a child?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details: _____				

D. CHILDREN

CHILDREN OF YOUR MARRIAGE/RELATIONSHIP

	Full Name	Birth date	Grades / School
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

CURRENT LIVING ARRANGEMENTS FOR CHILDREN:

PRESENT: _____

PROPOSED: _____

CHILDREN FROM EITHER SPOUSE'S PREVIOUS RELATIONSHIPS: Please state children's names and ages, living arrangements and any child support paid or financial support given

SPECIAL NEEDS OF ANY OF YOUR CHILDREN:

IMPORTANT EXTRA-CURRICULAR ACTIVITIES OF ANY OF YOUR CHILDREN:

E. EMPLOYMENT & EDUCATION

1. CURRENT	YOU	SPOUSE
a. Name of employer:	_____	_____
b. Occupation title:	_____	_____
c. Annual Income	_____	_____
d. Extended Health benefits?	_____	_____



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

2. PREVIOUS	YOU	SPOUSE
a. Education and / or Specialized training		
b. Employment History (most recent first):		
i) Employer / Title Income / No. of Yrs		
ii) Employer / Title Income / No. of Yrs		
iii) Employer / Title Income / No. of Yrs		
c. Did either spouse support the other through schooling, a career change or business start-up?		

F. PROPERTY: Include property that has already been divided and property that is not to be divided and over which there is no dispute.

(1) FAMILY RESIDENCE:

(a) Address:	<hr/>	
(b) Names of registered owners on title	<hr/>	
(c) Names of anyone with an interest in the property who is not on title, such as in-laws, OR other family members:	<hr/>	
(d) Present approximate value:	<hr/>	
(e) Date of purchase:	<hr/>	
(f) Purchase price:	<hr/>	
(g) Mortgagee(s):	1st <hr/>	2nd (if any) <hr/>
Amount(s) Owing:	<hr/>	



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

Monthly Payment Amount(s): _____

(h) How do you or your spouse propose to deal with the Family Residence: _____

(j) Down payment (amount and source of funds) _____

(2) OTHER REAL PROPERTY (if more than one property, please list on a separate sheet of paper):

(a) Address: _____

(b) Names of registered owners on title _____

(c) Names of anyone with an interest in the property who is not on title, such as in-laws, OR other family members: _____

(d) Present approximate value: _____

(e) Date of purchase: _____

(f) Purchase price: _____

(g) Mortgagee(s): 1st 2nd

Amount(s) Owing: _____

Monthly Payment Amount(s): _____

(h) How do you or your spouse propose to deal with the property? _____

(i) Are you aware of any tax consequences that will arise on transfer or sale of the property? _____

(j) Down payment (amount and source of funds) _____

(3) VALUABLE HOUSEHOLD ITEMS (e.g., unique furniture, expensive jewellery, or works of art)



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

(4) VEHICLES and BOATS

Description of Vehicle(s) and Boats	Registered Owner(s)	Approximate Value	Amount of any loans owing?	Are both spouses on the loans?
a.				
b.				
c.				
d.				

(5) BUSINESS INTERESTS *(provide details of any interest owned directly or indirectly in any incorporated or incorporated business, including sole proprietorships, partnerships, trusts and joint ventures):*

How do you or your spouse propose to deal with the business interests:

--

(6) EMPLOYEE BENEFITS and DEFERRED INCOME: Do you or your spouse have any deferred compensation agreements, profit sharing plans, royalties, bonuses, additional contract benefits, expected lump sum severance or retirement payments? If so, please provide details.

(7) BANK ACCOUNTS

Name of Bank and Branch Location	Type of Account	Account Number	Held in Whose Name(s)?	Account Balance
a.				
b.				
c.				
d.				
e.				



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

(8) TFSAs, GICS, TERM DEPOSITS, & OTHER INVESTMENTS			
Description	Date Acquired	How Acquired	Current Market Value
a.			
b.			
c.			
(9) RRSPs or RRIFs			
Institution	Account No.	In whose name?	Est. Value
a.			
b.			
c.			
(10) PENSION PLANS:			
Current	CLIENT	PARTNER	
a. CPP:			
b. OTHER PENSION:			
Years of contribution			
Other or previous pension / service (details):			
(11) LIFE INSURANCE POLICIES			
Name of Insurer	Cash payout and/or investment amount	Beneficiaries	Cash Surrender Value
a.			
b.			



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

(12) ANY OTHER ASSETS (Household items, furniture, musical instruments, valuable recreational equipment, tools, lottery winnings, purchased club memberships, patent rights, etc.):

Description	In Whose Name?	Approximate Value
a. Household items and furniture		
b.		

(13) INHERITANCES OR GIFTS: Did either you or your spouse receive any inheritances or large gifts before or during your relationship? Do you expect either of you will receive an inheritance? If so, please provide details.

G. DEBTS OF THE PARTIES (other than Mortgages)

(1) include all CREDIT CARDS, LINES OF CREDIT, OVERDRAFTS, PERSONAL LOANS, OUTSTANDING CONSUMER ACCOUNTS, INCOME TAX OR OTHER TAXES OWING, ORAL PROMISES TO PAY, and PROMISSORY NOTES. If you or your spouse have debts that may be owing in the future, arising out of a present business or circumstance, please include those debts.

TYPE OF DEBT:	WHO INCURRED IT?	WHEN WAS IT INCURRED?	WHY WAS IT INCURRED?
a.			
b.			
c.			

I. HISTORY

1. CHILDHOOD: What positive or negative aspects of **YOUR** childhood affected your marriage or common-law relationship? Please mark those that **YOU** experienced.

POSITIVE	NEGATIVE
<input type="checkbox"/> Consistent parenting <input type="checkbox"/> Clear parent/child boundaries <input type="checkbox"/> Supportive extended family <input type="checkbox"/> Financial Security	<input type="checkbox"/> Parent with an addiction <input type="checkbox"/> Financial insecurity <input type="checkbox"/> Overbearing parent. <input type="checkbox"/> Emotionally abusive parent



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

	<input type="checkbox"/> Physical abusive parent <input type="checkbox"/> Sexual abusive parent <input type="checkbox"/> Death, grief and loss <input type="checkbox"/> Trauma <input type="checkbox"/> Significant conflict within extended family
2. CHILDHOOD: What positive or negative aspects of YOUR SPOUSE'S childhood affected your marriage or common-law relationship? Please mark those that YOUR SPOUSE experienced.	
POSITIVE <input type="checkbox"/> Consistent parenting <input type="checkbox"/> Clear parent/child boundaries <input type="checkbox"/> Supportive extended family <input type="checkbox"/> Financial Security	NEGATIVE <input type="checkbox"/> Parent with an addiction <input type="checkbox"/> Financial insecurity <input type="checkbox"/> Overbearing parent. <input type="checkbox"/> Emotionally abusive parent <input type="checkbox"/> Physical abusive parent <input type="checkbox"/> Sexual abusive parent <input type="checkbox"/> Death, grief and loss <input type="checkbox"/> Trauma <input type="checkbox"/> Significant conflict within extended family

J. MEDIATION ISSUES
What are the issues you want to discuss in mediation? Please list them in order of importance.
1.
2.
3.
4.
5.
6.
7.
Please set out any other information that you want the Mediator to know:



West Coast Family Law Centre

Elise Schopper-Brigel
Lawyer and Mediator

Karen Henry
Lawyer and Mediator

If you have any concerns about being in the same room with your spouse, please set out those concerns:

Do you have any concerns for your own safety or the safety of your children now? Did you have such concerns during the relationship?