



**IDEAL Mediation Inc.
Client In Take Form**

Name: _____ Date of Birth _____

Phone Number: _____ Address: _____

With respect to the other party where/are you married common-law?

Did you live together before marriage: No Yes Date: _____

Date of Marriage/Cohabitation: _____ Date of Separation: _____

Are you living in a different residence or "separate and apart"? Date: _____

Are you currently in a new marriage or common-law relationship? No Yes: _____

Children:

Name	Age	Date of Birth	Currently Resides With

Lawyer Name: _____ Phone: _____

Employer Name / Position: _____

If not employed are you a student retired stay at home parent other _____

Parenting: Decision Making (Custody) Primary Residency Time with Children (Access)

Support Payments: Child Support Alimony (Spousal Support)

Financial: House Other Property Insurance Investments Pension Health Benefits

Factors Influencing Time? _____

Any court orders or other agreements (past or present)? _____

How / When to contact other party? _____

Date of Individual Interview: _____