



### Client Information Form

Please read the Agreement to Mediate before completing this form. Do not sign it at this time.

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.

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

**Today's Date:** \_\_\_\_\_

**How did you find Beth Leaper:**

- Referred by Judge? \_\_\_\_\_
- Referred by Lawyer? \_\_\_\_\_
- Website? \_\_\_\_\_
- CanPages? \_\_\_\_\_
- Word-of-Mouth? \_\_\_\_\_
- Other? \_\_\_\_\_

**NAME:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_

Which number should we call you at? \_\_\_\_\_

**Email Address:** \_\_\_\_\_

OK to email you at this address? \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Okay to call work? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Annual Income:** \_\_\_\_\_

**YOUR LAWYER:** \_\_\_\_\_

Telephone: \_\_\_\_\_

**OTHER PARTY: (former spouse or partner)** \_\_\_\_\_

Birthdate: \_\_\_\_\_ 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: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

**Do you have other children? If so:**

Name: \_\_\_\_\_ Age \_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_ Living with: \_\_\_\_\_





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

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

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

- |    |                                    |    |                                  |
|----|------------------------------------|----|----------------------------------|
| a. | my partner's violence against me   | b. | my violence against my partner   |
| c. | my partner's emotional abuse of me | d. | my emotional abuse of my partner |
| e. | my partner's drug/alcohol problem  | f. | my drug/alcohol problem          |
| g. | my partner's poor communication    | h. | my poor communication            |
| i. | my partner's sexual problems       | j. | my sexual problems               |
| k. | my partner took advantage of me    | l. | I took advantage of my partner   |
| m. | my partner's mental health issues  | n. | my mental health issues          |
| o. | my partner had an affair           | p. | I had an affair                  |
| q. | we fought about money              | r. | we have different values         |
| s. | other:                             |    |                                  |

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