



A. Grenville & William Davis Courthouse,
 Room 250, 7755 Hurontario Street, Brampton, ON L6W 4T1
 Tel: 905-456-4700 ext. 5662 , Toll Free: 1-844-452-PFMS Fax: 905-453-7796
 Email: info@peelfamilymediation.org

Today's date: _____ **Intake Form** Mediation file #: _____

Contact Information:

Your name: First _____ Last _____ DOB: _____
 Address: _____ Postal Code: _____
 City: _____
 Tel#: _____ Message? Yes / No Cell#: _____ Message? Yes/ No
 Email address: _____
 Have you retained a lawyer? Yes / No Name: _____ Contact number: _____

Financial Support

Are you receiving Ontario Works? Yes/ No Are you on disability? Yes / No
 If yes, name of worker: _____
Gross annual income: _____ **Number of dependents:** _____ Are you self-employed? Yes / No
 Employer: _____ Position: _____
 Tel#: _____ May we contact you at this number? Yes/ No

Do you want us to contact the other party Yes/No

Name of other party: First _____ Last _____ DOB: _____
 Address: _____
 City: _____ Postal Code: _____
 Tel#: _____ Message? Yes / No Cell#: _____ Message? Yes / No
 Email address: _____
 Have they retained a lawyer? Yes / No Name: _____ Contact number: _____

Financial Support: Is the other party receiving Ontario Works? Yes / No On disability? Yes / No

Gross annual income: _____ **Number of dependents:** _____ **Is she/he self-employed? Yes / No**
 Employer: _____ Position: _____

Relationship Information: Married Common-law Other

Date of marriage: _____ Location of Marriage: _____
 Date relationship started: _____ Date relationship/marriage ended: _____
 If divorced, date: _____

Name of Child/Children	Date of Birth	Resides with Mother/Father/Other
1) _____		
2) _____		
3) _____		
4) _____		

Referred for mediation by: Justice / Self / Duty Counsel / Lawyer / Court Clerk /IRC/ Other

What issues do you want to resolve in mediation? Please check all that apply.

1) Custody 2) Access 3) Child Support 4) Spousal Support 5) Property 6) Other

If other, please specify: _____

Court Information:

I am the: Applicant / Respondent

Not in Court

Provide Court File #: _____

Level of court: OCJ/ SCJ

We were in court on (date): _____

For: First Appearance /Case Conference/ Settlement Conference/ Motion to Change / Other

We are expected to next appear in court on (date): _____

Have any court orders being made? Yes / No Date of order (s): _____

If yes, please provide us with copies of all orders made.

Background Information:

Are there any of the following orders in place?

Restraining Order: Yes / No

Probation Order: Yes / No

Recognizance of Bail: Yes / No

Peace Bond: Yes / No

Other Order (s): _____ If yes, please explain: _____

If you answered **yes** to any of the above, please fax or email us a copy (see our contact information at the top of the page).

Is there currently an active file with Children's Aid Society? Yes / No

If yes, Name of CAS Worker: _____ Phone number and extension: _____

If Children's Aid Society has been involved in the past, kindly provide us with the above information.

For quality assurance and research purposes only:

Preferred language for mediation: English/French If other, please specify: _____

Country of birth: Canada: Yes/No If no, please specify: _____

What is your ethnic or cultural origin? Please specify: _____

According to Statistics Canada, members of visible minorities are persons other than Aboriginal peoples, who are non-Caucasian in race and non-white in colour.

Do you identify as a member of a visible minority? YES/NO

Does religion influence the decisions that you make in terms of raising your children? YES/NO

If yes, which religion? _____

For Office Use Only

Mediation done by: LAO Mediation PFMS (on-site) PFMS (off-site) Not to Proceed

Mediation date : _____ **Intake time: Appl:** _____ **Resp:** _____

Fees assessed to clients:

Applicant's fee per hour:

Respondent's fee per hour: