



The Village at Park Royal  
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TODAYS DATE: \_\_\_\_\_

## **MEDIATION CLIENT INFORMATION FORM**

### **Your Information:**

Full name (Given, middle and last name): \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ / Can I contact you here? YES\_\_\_/NO\_\_\_

Alt Phone Number (if Appl): \_\_\_\_\_ / Can I contact you here? YES\_\_\_/NO\_\_\_

Email Address: \_\_\_\_\_ / Can I contact you here? YES\_\_\_/NO\_\_\_

Home Address and postal code:

\_\_\_\_\_

Can correspondence be sent to your home address? YES\_\_\_/NO\_\_\_

If not, where? \_\_\_\_\_

Were you married before? YES\_\_\_/NO\_\_\_

Details of previous marriage (date of divorce/death of spouse) \_\_\_\_\_

Your surname before marriage: \_\_\_\_\_ Your surname at birth: \_\_\_\_\_

Do you wish to change your name: YES\_\_\_/NO\_\_\_

### **Spouse's Information:**

Full name (Given, middle and last name): \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

Home Address and postal code:

\_\_\_\_\_

Were you married before? YES\_\_\_/NO\_\_\_

Details of previous marriage (date of divorce/death of spouse) \_\_\_\_\_

Surname before marriage: \_\_\_\_\_ Surname at birth: \_\_\_\_\_

**Information on marriage or relationship:**

Date of commencement of cohabitation: (DD/MM/YYYY) \_\_\_\_\_

Date of marriage: (DD/MM/YYYY) \_\_\_\_\_

Place of marriage: \_\_\_\_\_

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

Has a 'Court' or 'Litigation' process been commenced: YES\_\_ / NO\_\_

If yes, is there a 'Hearing' or 'Trial' pending, and if so on what date(s) \_\_\_\_\_

Have you reconciled at any time? YES\_\_ / NO\_\_

Is there a possibility of reconciliation with your spouse? YES\_\_ / NO\_\_

Do you have a marriage certificate? YES\_\_ / NO\_\_

**Children of the marriage/relationship (if applicable):**

**Information (first child):**

Full Legal Name of the Child: \_\_\_\_\_

Date of Birth (DD/MM/YYYY) & Birthplace: \_\_\_\_\_

School Attending and Grade: \_\_\_\_\_ / \_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_

Any Health or Other Concerns: \_\_\_\_\_

**Child's Information (second child):**

Full Legal Name of the Child: \_\_\_\_\_

Date of Birth (DD/MM/YYYY) & Birthplace: \_\_\_\_\_

School Attending and Grade: \_\_\_\_\_ / \_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_

Any Health or Other Concerns: \_\_\_\_\_

**[If more than 2 children please add additional details on a separate sheet]**

If applicable, how were issues relating to parenting resolved to this stage?

(a) Ad hoc/nothing formal/requires resolution (circle appropriate answer)

(b) Trial Judgment pronounced on \_\_\_\_\_

(c) Consent Court Order pronounced \_\_\_\_\_

(d) Separation/Parenting Agreement dated \_\_\_\_\_

**(please attach a copy of the document which established the parenting plan)**

Do you or your spouse have any other children from a prior or subsequent relationship?  
YES\_\_\_/NO\_\_\_

If so, what are the names, ages and birth dates of the children and of which party?

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Do you or your spouse pay child support for any of these children? YES\_\_\_/NO\_\_\_

Does anyone apart from you or your spouse pay child support for these children? YES\_\_\_/NO\_\_\_

If yes, provide details: \_\_\_\_\_

**Your Income/Employment):**

Name of Employer or name of business? \_\_\_\_\_

Position Held: \_\_\_\_\_ Date of Commencement: \_\_\_\_\_

Schedule of employment: hours/days per week? \_\_\_\_\_

Gross Income per year? \_\_\_\_\_ Extended Health Benefits? \_\_\_\_\_

Other sources of income? (e.g. rental, dividends, disability, Government benefits, etc.)

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**Spouse's Income/Employment):**

Name of Employer or name of business? \_\_\_\_\_

Position Held: \_\_\_\_\_ Date of Commencement: \_\_\_\_\_

Schedule of employment: hours/days per week? \_\_\_\_\_

Gross Income per year? \_\_\_\_\_ Extended Health Benefits? \_\_\_\_\_

Other sources of income? (e.g. rental, dividends, disability, Government benefits, etc.)

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**Information on Assets and Debts:**

List assets owned by you, your spouse, or both of you jointly:

**ASSETS**

<b>Real Estate (list full address)</b> <ul style="list-style-type: none"><li>• Include any residential/rental property</li></ul>	<b>Value</b> (approximate)	<b>Date Purchased</b>	<b>Owned by Self / Spouse or Joint?</b>
<b>Vehicles/Boats/Trailers</b> <ul style="list-style-type: none"><li>• Make, Model and Year</li></ul>	<b>Value</b> (approximate)	<b>Date Purchased</b>	<b>Owned by Self / Spouse or Joint?</b>
<b>Financial assets (include name of bank/ financial institution)</b> <ul style="list-style-type: none"><li>• List savings &amp; chequing account, term deposits, GIC's, stocks, bonds, mutual funds, etc.</li></ul>	<b>Type of Account</b>	<b>Balance</b>	<b>Owned by Self / Spouse or Joint?</b>
<b>Life Insurance Policy Provider</b>	<b>Account #</b>	<b>Death Benefit Payable or Cash Surrender Value?</b>	<b>Owned by Self / Spouse or Joint?</b>
<b>RRSP's/RIF's/TFSA etc. (include name of bank/financial institution)</b>	<b>Account #</b>	<b>Value</b> (approximate)	<b>Owned by Self / Spouse or Joint?</b>

PENSION (company, union, CPP)	Account #	Estimated Value	Owned by Self / Spouse or Joint?

Business Interests	Value (approximate)	Owned by Self / Spouse or Joint?
Other	Amount (approximate)	Owned by Self / Spouse or Joint?

List any debts owed by you, your spouse, or both of you jointly:  
Indicate who is responsible for the debt:

#### DEBTS

Secured debts (list bank/financial institution) • Mortgages/Lines of Credit	Amount (approximate)	Owned by Self / Spouse or Joint
Unsecured debts • Bank loans • Credit cards • Personal loans	Amount (approximate)	Owned by Self / Spouse or Joint

Do you or your spouse have any excluded property/assets: YES\_\_\_/NO\_\_\_

If yes, please describe:

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Did you or your spouse receive an inheritance: YES\_\_\_/NO\_\_\_

If yes, please describe:

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**[please add additional details about assets/debts on a separate sheet if necessary]**

Briefly add any other details which you feel are relevant to your situation:

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### **Supplementary Questionnaire – Family Law**

We have found in working with families that conflict or violence to some degree is very common. As a Family Dispute Resolution Professional, under the new *Family Law Act*, I am now mandated to inquire into the prevalence of family violence in order to better assist parties to a mediation going forward. For this reason I ask everyone we discuss these three important questions (the written answers for which can remain confidential):

- 1. *Have you ever had any concerns for your own safety or the safety of your children during the relationship?***
- 2. *Has your spouse ever caused you to feel threatened or fearful?***
- 3. *Do you believe there is an immediate risk of violence in your family, either to you or to your children?***

*I am required by law to ask these questions of all parties/clients for a number of reasons, such as:*

- **To assure the safety and well-being of family members;**
- **To assist potential victims to formulate a safety plan;**
- **To educate about the potential impact violence can have on a family' 4.**  
**To be able to refer you to appropriate services, and**
- **To ensure that parenting plans and separation agreements are made in an environment free of coercion and intimidation.**

If the answer to any of the above noted three questions is answered in the affirmative:

- 1. *Who wants to end the relationship and why?***

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- 2. *What concerns do you have about separating?***

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**3. How were decisions made in your relationship?**

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**4. How do you and your spouse settle disputes when you don't agree?**

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**5. Are there any restraining orders or no contact orders? YES\_\_ /NO\_\_**

**6. Is there a history of family violence in your family of origin or your partner's? YES\_\_ /NO\_\_**

**7. Do you or your partner have a problem with alcohol or drugs?  
YES\_\_ /NO\_\_**

**8. Have either of you ever threatened suicide?**

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**9. Are there any weapons in the home?**

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**10. Have you ever been injured by your partner during the relationship?**

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**For payment of fees, our preferred method of payment of payment, is etransfer to [legaladmin@redmondlaw.ca](mailto:legaladmin@redmondlaw.ca)**

**For payment by credit card, services charges may apply.**

### **Credit Card Authorization**

We confirm that your signature below authorizes us to pay any outstanding balance on your account with this credit card:

VISA\_\_\_MASTERCARD\_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Signature: \_\_\_\_\_