

## PARENTING MEDIATION – INTAKE QUESTIONNAIRE

**PLEASE NOTE** that all the information you supply in this document will not be disclosed to the other party without your prior consent to do so.

DATE: \_\_\_\_\_

### YOUR DETAILS

<b>NAME</b>	
<b>PRESENT ADDRESS</b>	
<b>YOUR OCCUPATION</b>	
<b>TELEPHONE:</b>	<b>Home</b>
	<b>Mobile</b>
<b>EMAIL</b>	
<b>DATE OF BIRTH</b>	
<b>DATE OF COHABITATION</b>	
<b>DATE OF MARRIAGE (if applicable)</b>	
<b>DATE OF SEPARATION.</b>	

### SPOUSE/PARTNER'S DETAILS

<b>SPOUSE/PARTNER'S NAME</b>	
<b>PRESENT ADDRESS.</b>	
<b>SPOUSE'S OCCUPATION AND ADDRESS OF EMPLOYMENT</b>	
<b>SPOUSE'S DATE OF BIRTH</b>	
<b>SPOUSE'S PLACE OF BIRTH</b>	

### CHILDREN'S DETAILS

<b>NAMES / DATES OF BIRTH</b>	
<b>WHERE RESIDING</b>	
<b>NO. OF CHILDREN OVER 18 YEARS</b>	
<b>NO. OF CHILDREN UNDER 18 YEARS.</b>	

**DETAILS OF CURRENT COURT ORDERS/AGREEMENTS (please provide copies if available)**

**DETAILS OF ANY PROTECTION ORDERS (if any, please provide copies if available)**

**HAS AN ICL BEEN APPOINTED BY ANY COURT FOR CHILDREN? (provide name and contact details if applicable).**

**ARE THERE ARE ANY PROCEEDINGS IN A COURT AT THIS TIME? (provide name of court and details of the orders sought if applicable)**

**DO YOU HAVE SPECIAL NEEDS? (e.g. do you need an interpreter/cultural support or other help? Do you have a disability?)**

**ARE THERE RELEVANT HEALTH ISSUES FOR YOU, YOUR PARTNER OR CHILDREN? (e.g. drugs, alcohol abuse, mental illness or other. If so provide details below.)**

**DESCRIBE THE LEVEL OF CONFLICT/FAMILY VIOLENCE IN THE FAMILY DURING THE RELATIONSHIP (if applicable)**

**DESCRIBE THE LEVEL OF CONFLICT/FAMILY VIOLENCE IN THE FAMILY PRESENTLY (if applicable)**

**HAS THERE BEEN INVOLVEMENT PAST OR PRESENT WITH CHILD WELFARE? (if so provide details)**

**IS THERE A RELEVANT CRIMINAL HISTORY FOR EITHER PARTY? (if so provide details)**

**HOW WERE DECISIONS MADE IN YOUR RELATIONSHIP ABOUT FINANCES? (provide detail)**

**HOW WERE DECISIONS MADE IN YOUR RELATIONSHIP ABOUT YOUR CHILDREN? (provide details)**

**ARE YOU AT ALL CONCERNED ABOUT YOUR SAFETY, YOUR CHILDREN'S SAFETY OR THE SAFETY OF ANY OTHER PERSON? (if so, provide details)**

**ARE YOU/ YOUR PARTNER OR ANY OF YOUR CHILDREN OBTAINING PROFESSIONAL/COUSSELLING ASSISTANCE AT THIS TIME? (if so provide details)**

**WHAT PARTICULAR CONCERNS DO YOU HAVE TO BRING TO MEDIATION? (Please list, continue on extra pages if necessary)**

**OF THESE CONCERNS, WHICH (if any) NEED URGENT RESOLUTION?**