

***Family Mediation Works***  
***(DeRusha Law Firm)***

*Tel: 905-625-5236*

[www.familymediationworks.ca](http://www.familymediationworks.ca) / [contact@familymediationworks.ca](mailto:contact@familymediationworks.ca)

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Thank you for considering *Family Mediation Works* to assist you.

What we would like to do is to assess your situation, and be in a position to be able to comment on the cost and process that may apply to you. To do this, we would like some background information. You will see that we are calling people Party 1, and Party 2, and so we would ask you that you identify yourself as Party 1.

You will also see that we are asking some questions about you, and just a little information as to the name and age and other brief particulars about your spouse. We will not contact your spouse unless or until approved by you, and unless we have been hired to do so

Date: \_\_\_\_\_

**Party 1**

Full Name: \_\_\_\_\_

Your Full Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Your Profession or Occupation: \_\_\_\_\_

**Party 2**

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Profession or Occupation: \_\_\_\_\_

**Relationship Details**

Date of Marriage (if married): \_\_\_\_\_

Date of began living together: \_\_\_\_\_

Date of Separation (only if living separate and apart): \_\_\_\_\_

Date when your relationship came to an end: \_\_\_\_\_

**Children**

Name	Age	Who living with

**Potential Issues**

Would you consider any of the following to be major issues or concerns:

1. Child custody, schedule or support      Yes       No       Maybe
2. Spousal support      Yes       No       Maybe
3. Division of property      Yes       No       Maybe
4. Incidentals (life insurance, benefits)      Yes       No       Maybe
5. Divorce      Yes       No       Maybe

6. Other (please describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Property**

If you own a house, what is its approximate fair market value, if sold: \_\_\_\_\_

Approximate amount owing on the mortgage on the house: \_\_\_\_\_

**Meeting the Mediator**

Would you like to schedule meeting with a potential mediator?    Yes     No     Maybe

Would you like the other side to attend at the same meeting        Yes     No     Maybe

Is there a certain time of day that would be best for this meeting, and if so, please provide particulars below:

\_\_\_\_\_

How did you become aware of *Family Mediation Works*? (if you were referred by an individual, please provide their name, or if you did a search on the internet, please answer that way, or if another lawyer referred you to us, please provide the name and indicate that they are lawyer and the name of their firm):

\_\_\_\_\_

May we contact or follow up with you will by phone?        Yes     No

May we contact or follow up with you by e-mail?            Yes     No

***Thank you for taking the time to complete this questionnaire. We will follow up within the next two business days.***