PARENTING MEDIATION – INTAKE QUESTIONNAIRE

<u>PLEASE NOTE</u> 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	
NAME	
PRESENT ADDRESS	
YOUR OCCUPATION	
TELEPHONE: Home	
Mobile	
EMAIL	
DATE OF BIRTH	
DATE OF COHABITATION	
DATE OF MARRIAGE (if applicable)	
DATE OF SEPARATION	
SPOUSE/PARTNER'S DETAILS	
SPOUSE/PARTNER'S NAME	
PRESENT ADDRESS	
SPOUSE'S OCCUPATION AND	
ADDRESS OF EMPLOYMENT	
SPOUSE'S DATE OF BIRTH	
SPOUSE'S PLACE OF BIRTH	
CHILDREN'S DETAILS	
NAMES / DATES OF BIRTH	
WHERE RESIDING	
NO. OF CHILDREN OVER 18 YEARS	
NO. OF CHILDREN UNDER 18 YEARS	

DETAILS OF CURRENT COURT ORDERS/AGREEMENTS (please provide copies if available)
DETAILS OF ANY PROTECTION ORDERS (if any, please provide copies if available)
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UAC AN ICL DEEN ADDOINTED BY ANY COURT FOR CHILDREN'S former ide women and courte at details
HAS AN ICL BEEN APPOINTED BY ANY COURT FOR CHILDREN? (provide name and contact details
if applicable).
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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)
Describe the level of control, table to the trainer these tree (in approache)
HAS THERE BEEN INVOLVEMENT PAST OR PRESENT WITH CHILD WELFARE? (if so provide details)
(p
IS THERE A RELEVANT CRIMINAL HISTORY FOR EITHER PARTY? (if so provide details)
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HOW WERE DECISIONS MADE IN YOUR RELATIONSHIP ABOUT FINANCES? (provide detail)
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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/COUSELLING 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?