



Date:
Date of Appointment:

Collaborative Process Intake Form

You and your spouse may fill this form out jointly or provide your own information in separate forms.

Your Information

Full Name:

Address:

Email:

Home Phone:

Cell Phone:

Date of Birth:

Place of Birth:

Resident in B.C. since:

Surname (immediately before marriage):

Surname (at birth)

Divorced before? Yes No

Do you presently have another lawyer?

Yes No

Name of the lawyer:

Spouse's information

Full Name:

Address:

Email:

Home Phone:

Cell Phone:

Date of Birth:

Place of Birth:

Resident in B.C. since:

Surname (immediately before marriage):

Surname (at birth)

Divorced before? Yes No

Does your spouse have a lawyer?

Yes No

Name of the lawyer:

Relationship Dates

Date of cohabitation:

Date and place of marriage (city/town; province/state; country):

Date of Separation:

Still living together? Yes No

Reconciliation date(s) (if any):

Prospect of reconciliation? Yes No

Who decided to separate?

Are there any court orders or legal reasons that prohibit communication directly or indirectly (restraining order/peace bond)?

Yes No

Do you have any concerns about being in the same room as your former spouse?

Yes No

Have the police ever been involved with your family?

Yes No

Any court proceedings?

Yes No

If yes, where and court file number?

| Information about your children | | | | |
|--|-----|-----------|--------|-------------------------------|
| List each child's full legal name | Age | Birthdate | School | Children are now living with: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| List Children from any other relationship |
|--|
| |
| |
| |

Provide a brief history of your marriage (provide additional pages if necessary):

Reason for separation:

| List specific issues in relation to the following |
|--|
| Divorce: |
| Children: |
| Child Support: |
| Spousal Support |
| Property Division |
| Restraining Order / No Contact |
| Other issues |
| Anything else you want us to know? |

Conflict & Communication Assessment

1. Which of the following best describes your relationship with your spouse?
 - Divorcing/separating and living apart
 - Divorcing/separating but still living together
 - Never married and used to live together
 - Already divorced/separated
 - Never married, never lived together

2. What process(es) have you been involved in to date? Check all that apply.
 - Nothing formal; we have only talked with each other
 - Mediation – successfully
 - Mediation – no success
 - Court Application – once
 - Court Application – more than once

3. What process(es) have you used to assist with disagreements about parenting?
 - Nothing formal; we have only talked with each other
 - Mediation – successfully
 - Mediation – no success
 - Court Application – once
 - Court Application – more than once

4. How comfortable are you being in the same room with your partner, discussing difficult issues?
 - Comfortable
 - Difficult, but we can do it with some support or facilitation
 - Uncomfortable – I can't express myself or don't get a chance to talk when we have difficult conversations

5. How well do you and your partner cooperate?
 - We generally cooperate well
 - We cooperate some of the time
 - We do not cooperate well
 - Cooperation is almost always impossible
 - No contact or cooperation is possible

6. How well do you and your partner communicate?
 - We generally communicate well
 - We can communicate well some of the time
 - We do not communicate well
 - Communication is almost always impossible
 - We do not communicate

7. How important is the other parent to the welfare of your Child/ren?
- No children
 - Very important. S/he has many valuable things to offer as a parent
 - Important. S/he has valuable things to offer as a parent
 - Somewhat important. S/he has some value, but also some problems/limitations as a parent
 - Not important. S/he has little to offer. There are problems or deficits as a parent
 - Very unimportant. S/he has nothing to offer as a parent.
8. How are your overall levels of communication and cooperation?
- We communicate and consider the other person's opinions and options
 - We have minimal communication and we don't work at cooperating
 - Our communication tends to have a lot of conflict and is very positional
 - We do not communicate at all
9. How would you describe your level of trust in your partner?
- I trust my partner in all matters of importance
 - I trust my partner sometimes, but not always
 - I do not trust my partner at all. I need supporting evidence to trust anything my partner says/does
10. How would your partner describe his/her level of trust in you?
- Trusts me in all matters of importance
 - Trusts me sometimes, but not always
 - Little or no trust in me
11. Are there matters that may be relevant to your dispute that you do not wish to share with your partner?
- No, I am willing to share anything relevant
 - I am concerned about the reaction if some information is shared, but am willing to work on a process for sharing information
 - I see withholding vital information as an important strategy in negotiation and would be reluctant to disclose everything right away
12. During your relationship, how would you describe the level of trust between you and your spouse?
- Trust was an important part of our relationship
 - We were sometimes challenged with trusting each other
 - Inability to trust was consistently an issue in our relationship

13. Have you ever read private emails, journals or letters of your partner's, listened into or taped phone conversation or taped settlement discussions, without your partner's knowledge? Has your partner ever done this to you?
- Never
 - Seldom, and more than a year ago
 - Frequently or recently
14. How important do you consider it to be that you and your partner be able to have relationship with trust in the future?
- Important. Our continuing relationship is important to me
 - Not very important, as long as we have a business-like relationship
 - Don't care at all about a future relationship with my partner
15. Are any of the following items of specific concern in your situation?
- Alcohol or drugs
 - Depression or other mental health issues
 - Threats or thoughts of suicide
 - Violence – physical, verbal, emotional
 - Money