

# Restorative Family Mediation and Counselling

**Jonathan Paynter**

Accredited Family Mediator, Registered Social Worker

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## Parenting Assessment Intake Form (Section 30 CLRA, private assessments)

Referral Date:		Adjournment Date:	
Date of Court Order/Arbitration award:		Court Location:	
Justice/Arbitrator:		Lawyer name:	
Court File #:		Lawyer phone number:	

## ADULT PARTIES INVOLVED IN ASSESSMENT

**Please provide your name and other basic information about you:**

Name (please include any maiden names in brackets):		Relationship to child:	
Address:		Email address:	
Cell Phone:		Place(s) of employment:	
Home Phone:		Other sources of income:	
Work Phone:		Birth Date:	

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**\*\*\*In any of the following sections, you may use a separate piece of paper if you do not have enough space to complete your answers in the space provided\*\*\***

**CHILDREN:** Please list all children of the parties involved in the assessment (including step-children):

	Name	D.O.B.	Where they live
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Name and contact info of Children's Lawyer (if applicable):

Please describe the current parenting schedule (use a separate sheet if the regular rotation takes more than two week's time):

	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
Week 1							
Week 2							

**Please list any other children you have (other than the children you have with the other party):**

	Name	Gender	D.O.B.	Where they live
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**Involvement in counselling and other community services**

Please list all of the services that your children have been involved with:

	Name of Family Member:	Name of Agency/Professional, including contact information:	Date range:
Family Physician:			
Pediatrician:			

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<b>Hospital Involvement:</b>			
<b>Psychiatric/mental health treatment:</b>			
<b>Counselling:</b>			
<b>Medical, psychiatric, psychological assessments:</b>			
<b>Child protection involvement:</b>			

**Please list all schools your children have attended (in descending order by date):**

<b>Name of School:</b>	<b>Location:</b>	<b>Dates attended:</b>

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**Please outline the reasons for this VoC report:**

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**Please state any concerns you may have regarding this VoC report:**

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**Please state what you hope to come out of this VoC process:**

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**Please outline your strengths and weaknesses as a parent:**

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**Please outline the strengths and weaknesses of the other parent:**

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Please outline any concerns you have about the other parents' ability to meet your child(ren)'s needs:

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Please outline what plan/schedule you think would be in the best interests of your child(ren) and why you think this plan/schedule is in your child(ren)'s best interests:

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Please list any past assessments (e.g. psychological, custody and access, psychiatric, paediatric) that have been completed on your children:

Assessment type:	Date of assessment:	Name of professional who completed the assessment:

Please provide any other information that may be important/helpful for Jonathan to know about you, your children and/or the other party (use a separate piece of paper if needed):

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I, \_\_\_\_\_ (please print your full name), agree that the above information is, to the best of my knowledge, accurate. I agree to provide updated information in the event that the above information is no longer accurate or when circumstances change. In completing and submitting this form, I am consenting to the collection of personal information about me, my partner (where relevant) and my children for the purposes of participating in a custody and access assessment. I am aware that I can seek independent legal advice (i.e., speaking with a lawyer) about completing and submitting this form before it is completed.

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

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

\_\_\_\_\_  
**Witness Signature:**

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