

# Elder Mediation Questionnaire

Westbrook Law & Mediation Centre  
Suite 208, 11 Fairway Drive  
Edmonton, AB T6J 2W4

The information provided in this form will allow me to better understand your situation.  
It will be kept confidential and will not be shared without your consent with anyone (except my assistants).

## Section 1 Your Information

Date:

dd/mm/yyyy

Your Name:

First

Middle

Last

Phone:

ex. (000) 000-0000

Address:

Street

City/Town

Postal Code

## Section 2 Elder Information

Full name of Elders(s) involved and your relationship. (e.g. child, friend, neighbors, guardians, facility administrator)

First Name, Last Name

Relationship

First Name, Last Name

Relationship

First Name, Last Name

Relationship

First Name, Last Name

Relationship

Living situation of elder(s): (e.g. our house, living with a family member, nursing home?)

Any medical issues or physical limitations regarding the elder or other potential participants in mediation?

## Section 3 Conflict Information

What is the conflict about?

What issues are important to you and why?

Who is involved in the conflict? Please list the name, their location and relationship to the elder(s)?

Have there been efforts to resolve conflict? If yes, when and what happened?

Do you still see any common ground to agree upon?

Who do you think will be willing to participate in mediation? Will they be willing to share the cost?

How did you hear about Dr. Dorczak?