



REFERRAL FORM

Name:

Please note that the information contained within this Referral Form will be shared with your (ex) partner / other party to the mediation process unless you specifically indicate otherwise.

1. Your Personal Details

Full name:

Date of Birth:

Family name at birth (if different)

N.I. number:

2. Confidentiality

Before mediation can proceed we usually arrange to share the contents of this Referral Form with your (ex) partner / other part. Please tick the box if you would prefer we did not do so at this stage.

3. Stage of Proceedings

Are you consulting a Solicitor?

YES

NO

If so, please give us his/her name, address and telephone number:



Are you currently involved in divorce or other family or children proceedings?

YES NO

If so, what stage have they reached?

Have you and/or you partner/former partner had any form of relevant counselling/therapy or are you involved with any other professionals (e.g. Relate, Social Services etc.)?

YES NO

If yes, please give brief details of the other professionals involved:

Where did you first hear about mediation?



4. Contact Information

Home address:	<input type="text"/>	Tel:	<input type="text"/>
		Fax:	<input type="text"/>
		e-mail:	<input type="text"/>
Post code:		Mobile:	<input type="text"/>
Work address:	<input type="text"/>	Tel:	<input type="text"/>
		Fax:	<input type="text"/>
		e-mail:	<input type="text"/>
Post code:			
Where is it most appropriate to contact you?	<input type="text"/>		

5. Relationships

If married, date of marriage:	<input type="text"/>	Date you started living together:	<input type="text"/>
If separated, date of separation:	<input type="text"/>		
If divorced, date of Decree Nisi:	<input type="text"/>	Decree Absolute:	<input type="text"/>
Are you seeking a permanent separation?	<input type="text"/>	Or Divorce?	<input type="text"/>
Do you think your partner/former partner wants a separation?	<input type="text"/>	Or Divorce?	<input type="text"/>



Have you made any attempts at reconciliation?

If either of you have been married previously, please give brief details:

Have you re-married or do you intend to do so?

Are you cohabiting or do you intend to do so?

IMPORTANT:

Are there any issues of protection, violence, safety or abuse that we may need to address?

Please tick the appropriate boxes

YES NO NOT SURE

YES NO NOT SURE

Would you like further information on this?

Normally mediation takes place with both of you in the room at the same time. Are there any reasons why you would wish to start the first session separately?

YES NO NOT SURE



6. Children and other Dependants

1st Child

Name: Boy Girl Date of birth:

Place of education: Any special needs?

2nd Child

Name: Boy Girl Date of birth:

Place of education: Any special needs?

3rd Child

Name: Boy Girl Date of birth:

Place of education: Any special needs?

Please continue on an additional piece of paper if there are more than three children or other dependants.

With whom are the children currently living?

Please outline the current arrangements for the children:

If you are separated from the other parent, are the children in contact with both parents, or with any other relevant family members or persons of special significance?

To what extent are the children aware of the situation between you?

What are the arrangements for financial support in relation to any of the children?

Child Support Agency involved? YES NO NOT SURE

Child Support Agency Assessment made? YES NO NOT SURE

Court Order for Maintenance? YES NO NOT SURE

Voluntary Maintenance arrangement? YES NO NOT SURE

Other?

Is financial support in relation to any of the children actually being paid? YES NO NOT SURE

If so, how much and how often?

Do you have Parental Responsibility for your children? YES NO NOT SURE

Is this an issue between you and your partner/former partner? YES NO NOT SURE



7. Preliminary Financial Outline

If financial matters are to be considered, a more detailed questionnaire will be supplied, and also see the final page regarding Legal Aid/Public Funding.

The Family Home:

Address:

Rented or Owned? Rented Owned

If Owned: Jointly Solely

If solely – by whom

Estimated current value:

Estimated current mortgage balance:

Do you have any other significant assets, property or capital?

YES NO

If yes, please give approximate value (further details not required at this stage)

Employment

Do you have a job?

YES NO

If yes, what is your occupation?

Current salary or earnings (gross)

Please bring documentary confirmation with you to your first appointment with your mediator

£

Do you have any other sources of income?

YES NO

If yes, what is the source of this income?

What is the amount of this additional income?

£



8. Outline of issues you want to resolve

- | | | | |
|-------------------------------------|------------------------------|-----------------------------|-----------------------------------|
| Property and finance | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NOT SURE |
| Children – residence and/or contact | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NOT SURE |
| Relationship breakdown issues | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NOT SURE |
| Separation and/or divorce | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NOT SURE |
| Emotional/Communication issues | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NOT SURE |

Other?

9. Your Partner/Former Partner

This is the person with whom you are or may be involved in bringing family or other proceedings

Full Name:	<div style="border: 1px solid black; width: 280px; height: 35px;"></div>	Date of birth:	<div style="border: 1px solid black; width: 240px; height: 35px;"></div>
Home Address:		Tel:	<div style="border: 1px solid black; width: 240px; height: 35px;"></div>
		Fax:	<div style="border: 1px solid black; width: 240px; height: 35px;"></div>
		e-mail:	<div style="border: 1px solid black; width: 240px; height: 35px;"></div>
		Mobile:	<div style="border: 1px solid black; width: 240px; height: 35px;"></div>
Post code:			
Occupation:			



Work address:

Tel:

Fax:

e-mail:

Post code:

Where is it most appropriate to contact them?

Have you discussed family mediation with your partner/former partner?

YES NO

Please indicate what you know about whether your partner/former partner may be willing to participate in mediation:

10. Your reasons for coming to mediation

Please indicate what issues you feel need to be considered and what your aims are in coming to mediation. We appreciate that you may need to know more from the mediator(s), but it would help to have your initial ideas on what you hope to achieve:



IMPORTANT:

Please do not provide information or send copies of correspondence that cannot be mentioned in joint discussions with you both. Mediators cannot receive information that is confidential to one of YOU (except a private address or telephone number you wish to keep confidential from your partner / former partner).

Signed:

Date: