



REFERRAL FORM

Please complete this form and bring it to your first session.

NAME:

ADDRESS:

TELEPHONE NUMBERS:

(please include the best times to contact you)

EMAIL ADDRESS:

HOW DID YOU HEAR ABOUT US?

YOUR REASONS FOR COMING TO MEDIATION:

Please state what issues you would like considered and what your aims/objectives are in coming to mediation. It is helpful to know what you would like to achieve.

PERSONAL DETAILS

DATE OF BIRTH:

FAMILY NAME AT BIRTH: (if different to details on page 1 of this form)

NI NUMBER:

CONFIDENTIALITY

Before mediation can proceed we usually arrange to share the content of this form with your mediation partner. Please state if you would prefer that we did not do so at this stage.

Agree Disagree

STAGES OF PROCEEDINGS

Are you consulting a solicitor?

If yes, please provide their name, address and telephone number:

Are you currently involved in divorce or any other family or children act proceedings?
If yes, what stage have they reached?

Have you and/ or the person with whom you are mediating had any form of counselling/ psychotherapy or had any involvement with any other professionals? This may include mental health services e.g. psychiatrist, social services, community services etc

If yes, please provide details of the professionals involved:

Are there any issues of protection or safety which we may need to address within the mediation process?

If yes, please provide details:

ISSUES YOU WOULD LIKE TO ADDRESS AND RESOLVE (Please circle or underline)

Children	Yes	No	Not sure
Dependants	Yes	No	Not sure
Relationship breakdown	Yes	No	Not sure
Divorce/ Separation issues	Yes	No	Not sure
Emotional/ communication issues	Yes	No	Not sure
Pre-nuptial agreements	Yes	No	Not sure
Property/ finance	Yes	No	Not sure

Other:

CONTACT INFORMATION

Home address: (where you are living now)

Alternative address: (if applicable)

Tel:

Mobile:

Email:

Work address and telephone number:

Where would you prefer that we contact you?

RELATIONSHIPS

If married or in a civil partnership, please state the date:

Date you started living together:

If separated, date of separation:

If divorced, date of divorce:

decree nisi:

decree absolute:

Are you seeking a permanent separation?

Have you made attempts at reconciliation?

Are you cohabiting or intending to do so?

Are you seeking mediation for a relationship which is neither marital or cohabitation?

If yes, please provide details

Are you seeking mediation for a pre-nuptial/relationship/agreement?

CHILDREN AND OTHER DEPENDANTS

Please provide details of your children or any other dependants as relevant:

Name	date of birth	gender	place of education
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1)

2)

3)

4)

5)

Are there any special needs?

Whom do they currently live with? (Please circle or underline)

Mum	Dad	Other
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Are both parents' names on the birth certificate?

Please outline the current arrangements for the children?

If you are separated from the other parent, are the children currently in contact with that parent or with any other persons?

To what extent are the children or other dependants aware of this situation?

What are the arrangements for financial support in relation to any of the children?
(Please circle or underline)

Child Support Agency	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 children or dependants actually being paid?

If yes, how much and how often?

FINANCIAL MATTERS

(If financial matters are to be considered, a more detailed questionnaire will be provided after our initial meeting)

Please state the address of the family home

Is this home mortgaged or rented?

If mortgaged, who owns the home?

What is the value of the home?

Do you have any other significant assets, property or capital? If yes, please provide details:

Please state your occupation/ employment?

Full time or part time?

Current total salary (gross)?

Do you have any other sources of income?

If yes, please provide details:

DETAILS OF THE PERSON WITH WHOM YOU WISH TO MEDIATE

Full name:

Home address:

Tel numbers:

Date of birth:

Occupation:

Have you discussed family mediation with this person?	Yes	No	
Are they willing to attend?	Yes	No	Not sure
Are they consulting a solicitor?	Yes	No	Not sure

If yes, are you able to provide the details?

Thank you for taking the time to complete this form. Please sign and date below

Signed:

Date:

Once you have completed this form, please bring it with you to your first appointment.