

family/divorce referral form

Note that the information provided below may be shared with your spouse/partner. If any personal details (e.g. address or phone no.) are to be kept confidential, please indicate – but no financial information or cohabitation or remarriage information can be kept confidential.

1. Your personal details

Full Name:

Date of birth:

Telephone:

Email:

Mobile:

Home address:

Postcode:

Where is it most appropriate to contact you?

Home

Work

Work information

Work address:

Postcode:

Telephone:

Fax:

Email:

2. Relationship Information

Date of marriage/civil partnership

Date of start of any cohabitation

If separated, date of separation

Do you think your relationship has broken down permanently?

Yes

No

Are you seeking a permanent separation?

Yes

No

If no, do you intend to get a divorce?

Yes

No

Do you think your partner/former partner wants a separation?

Yes

No

If no, do they intend to get a divorce?

Yes

No

Have you made any attempts at reconciliation?

Yes

No

Have you and/or your partner/former partner had any form of relevant counselling/therapy or involved any other professionals?

Yes

No

If yes, please give name of the other professional(s) involved:

Type of service provided

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

Have you re-married?

Yes

No

If no, do you intend to do so?

Yes

No

Are you cohabiting?

Yes

No

If no, do you intend to do so?

Yes

No

3. Children and other Dependants

1st child

Full Name:

Date of birth:

Age

Place of education:

Any special needs?

2nd child

Full Name:

Date of birth:

Age

Place of education:

Any special needs?

Add another child? Please use sheet on page 7

With whom are the children currently living?

Please outline the current arrangements for the children

Is there currently a Child Support Assessment or maintenance order in relation to any of the children?

Yes

No

1st dependant

Full Name:

Date of birth:

Age

Nature of Dependence:

Any special circumstances:

Add other dependant? Please use sheet on page 7

4. Preliminary Financial Outline

If financial matters are to be considered, a more detailed questionnaire will be supplied.

Where do you live?

Is your current place of residence the same as your home address in part one of the form? Yes No

If no, please complete section below:

Home address:

Postcode:

Is it: Rented Owned

If owned, state whether: Jointly Solely

Estimated current value

Present estimated mortgage balance

Other assets, property or capital

Do you have any other assets, property or capital? Yes No

If yes, approximate total amount/value?

Employment

What is your occupation?

Current Salary (gross)

If self-employed: a / Estimate of current earnings

To what date are accounts available?

Do you have any other source(s) of income? Yes No

If yes, approximate total amount?

Source

5. Preliminary General Information

Are you consulting a solicitor? Yes No

If yes, please state his/her name and address:

Name:

Home address:

Postcode:

Are you currently involved in divorce or other matrimonial or children proceedings? Yes No

If yes, what stage have they reached?

Please specify the format of any Intake or Information Session you have attended:

Not Attended Group Session Individual Session Cd Rom Session

There are some situations in which a member of the family or their property may need the protection of a court order, for example where there has been or might be a problem involving violence, threat or abuse. If you think this does or could apply in your case, please indicate here

Yes No Not sure

Would you like further information on this? Yes No

6. Outline of issues you wish to resolve

Please indicate whether any of the following are issues which you might wish to address:

Property and Finance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Relationship Breakdown Issues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Divorce and/or Separation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any issue of conduct or behaviour	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Your reasons for coming to mediation

Please would you say what issues need to be considered and what your aims are in coming to mediation. It is appreciated that you may need to know more from the mediator/s, but it would help to have some preliminary idea of what you hope to achieve. Please do not provide information or send copies of correspondence that cannot be mentioned in discussions with you both. Mediators cannot guarantee to hold information that is confidential to one of you.

Important Privacy Information

Please note that the mediator may wish to share the contents of this Referral Form with your partner/former partner.

If you prefer not to do so and would like to discuss this with the mediator before meeting, please tick here

- I wish to keep my telephone number private from my partner/former partner.
- I wish to keep my address private from my partner/former partner.

