



FAMILY MEDIATORS ASSOCIATION

REFERRAL FORM

NAME:

Please note – information on this form will be shared with your (ex) partner unless you specifically indicate otherwise

Name/ref:

REFERRAL FORM

Please note – information on this form will be shared with your (ex) partner unless you specifically indicate otherwise

1. your personal details

Full name: **Date of Birth:**

Home Address: **Tel:**

..... **Fax:**

..... **e-mail:**

..... **Post code:** **Mobile:**

Work Address: **Tel:**

..... **Fax:**

..... **e-mail:**

..... **Post code:**

Where is it most appropriate to contact you?

National Insurance Number

Please write CONFIDENTIAL next to your private address or telephone number if you wish to keep this information from your partner/former partner

If married, date of marriage Date when you started living together.....

If separated, date of separation

If divorced, date of: Decree Nisi Decree Absolute

Are you seeking a permanent separation? Or divorce?

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

Have you made any attempts at reconciliation?

For office use only:

Mediator/s details:

Date of intake:

Referral under the Funding code:

Husband/Partner Wife/Partner

Name/ref:

1. General information:

Have you and/or your partner/former partner had any form of relevant counselling/therapy or involved any other professionals (e.g. Relate, Social Services)? YES NO

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

.....

If either of you was 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?

Are you consulting a solicitor? If so, please give us his/her name, address and telephone number:

.....

.....

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

YES

NO

If yes, what stage have they reached?

.....

.....

.....

Where did you first hear about mediation?

IMPORTANT:

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

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?

Name/ref:

2. Children and other dependants

(please use supplementary sheet for other dependants)

1st child:

Name: Sex: Male / female

Date of birth Age:

Place of education:

Any special needs:

2nd child:

Name: Sex: Male / female

Date of birth Age:

Place of education:

Any special needs:

3rd child:

Name: Sex: Male / female

Date of birth Age:

Place of education:

Any special needs:

4th child:

Name: Sex: Male / female

Date of birth Age:

Place of education:

Any special needs:

(if you have more than four children, please continue on the supplementary sheet at the end of this form)

With whom are the children currently living? Please outline the current arrangements for the children:

.....
.....

Name/ref:

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

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

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

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

Is Parental Responsibility an issue between you and your partner/former partner? YES NO

3. Preliminary Financial Outline

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

The Family Home

Address: Rented Owned

If owned, state whether: Jointly Solely-by whom

Estimated current value

Present estimated mortgage balance

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

YES Amount? (Further details not required at this stage) NO

Employment

What is your occupation? Current Salary (gross)

If self-employed: (a) estimate of current earnings

(b) To what date are accounts available?

Do you have any other sources of Income?

YES Amount? Source? (No further details required at this stage)

NO

Name/ref:

4. Outline of issues you wish to resolve

- | | | | |
|-------------------------------|------------------------------|-----------------------------|-----------------------------------|
| Property and Finance | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NOT SURE |
| Children | <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 |
| Divorce and/or Separation | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NOT SURE |

5. 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. We appreciate 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 *our/my* discussions with you both. As mediator/s *we/I* cannot receive information that is confidential to one of you.

(This does not apply to a private address or telephone number if you wish to keep this confidential from your partner/former partner – see above.)

Signed

Date

Name/ref:

Referral form – supplementary sheet

Children (continued)

5th child:

Name: Sex: Male / female

Date of birth Age:

Place of education:

Any special needs:

6th child:

Name: Sex: Male / female

Date of birth Age:

Place of education:

Any special needs:

7th child:

Name: Sex: Male / female

Date of birth Age:

Place of education:

Any special needs:

Other dependents

1st Dependent:

Name: Date of birth:

Nature of Dependence: Age:

Any special circumstances:

2nd Dependent:

Name: Date of birth:

Nature of Dependence: Age:

Any special circumstances: