
FOCUS FAMILY MEDIATION

REFERRAL FORM

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:

National Insurance Number

Where is it most appropriate to contact you?

*(Please mark your private address or telephone number * if you wish to keep this confidential from your partner/former partner)*

Date of marriage 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? 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: Legal Aid: H/P W/P

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

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

Qualification/Type of Service offered

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?

Where did you first hear about Focus Family Mediation Ltd?.....

2. Children and other Dependants

(please use continuation sheet for other Dependants)

1st child:

Name: D.O.B:

Place of education: Age:

Any special needs:

2nd child:

Name: D.O.B:

Place of education: Age:

Any special needs:

3rd child:

Name: D.O.B:

Place of education: Age:

Any special needs:

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 persons?

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

.....
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

Please continue on supplement page if you have more than three children, or if you have other Dependants.

3. Preliminary Financial Outline

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

a. The Family Home

Address: Rented Owned
.....

If owned, state whether: Jointly Solely-by whom

Estimated current value

Present estimated mortgage balance

b. Do you have any other assets, property or capital?

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

c. Employment

What is your occupation? Current Salary (gross)

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

(b) To what date are accounts available?

d. Do you have any other sources of Income?

YES Amount? Source?

(No further details required at this stage)

NO

4. Preliminary General Information

Are you consulting a solicitor? YES NO

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

.....

.....

Are you currently involved in divorce or other matrimonial or children proceedings? YES NO

If yes, what stage have they reached?

.....

.....

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

Please tick appropriate boxes

5. Confidentiality

Do you wish to keep your private address or telephone number confidential from your partner/former partner?

YES NO

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

6. Outline of issues you wish to resolve

Please would you say whether any of the following general issues are issues which you still would wish to resolve:-

Property and Finance

YES NO NOT SURE

Children

YES NO NOT SURE

Relationship Breakdown Issues

YES NO NOT SURE

Divorce and/or Separation

YES NO NOT SURE

7. 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 Section 5 above.)

Signed

Date

referral form –supplement sheet

2. Children (cont'd)

4th child:

Name: D.O.B:

Place of education: Age:

Any special needs:

5th child:

Name: D.O.B:

Place of education: Age:

Any special needs:

6th child:

Name: D.O.B:

Place of education: Age:

Any special needs:

2. Dependents

1st Dependant:

Name: D.O.B:

Nature of Dependence: Age:

Any special circumstances:

2nd Dependant:

Name: D.O.B:

Nature of Dependence: Age:

Any special circumstances: