



## CLIENT INFORMATION FORM

### 1. YOUR PERSONAL DETAILS

Full Name:		Date of Birth:	
Home Address:		Tel:	
		Fax:	
		Email:	
Post Code:		Mobile:	

Work Address:		Tel:	
		Fax:	
		Email:	
Post Code:		Mobile:	

National Insurance Number:			
Where is it most appropriate to contact you?			
<i>(Please mark your private address or telephone number * if you wish to keep this confidential from your partner/former partner)</i>			
Date of marriage:		Date of start of any co-habitation:	
If separated, date of separation:			
Do you think your relationship has broken down permanently?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you seeking a permanent separation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	or divorce?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you think your partner/former partner wants a separation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	or divorce?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you made any attempts at reconciliation?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

*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)?	NO YES
If yes, please give details of the other professionals involved:	
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 Mediation Ltd?	

**2. CHILDREN AND OTHER DEPENDANTS**

<b>1st Child</b>			
Name:		Date of Birth:	
Place of Education:		Age:	
Any special needs:			

<b>2nd Child</b>			
Name:		Date of Birth:	
Place of Education:		Age:	
Any special needs:			

<b>3rd Child</b>			
Name:		Date of Birth:	
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE
Is Parental Responsibility an issue between you and your partner/former partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### 3. PRELIMINARY FINANCIAL OUTLINE

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

#### a. The Family Home

Address:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
If owned, state whether:	<input type="checkbox"/> Jointly <input type="checkbox"/> Solely - by whom?
Estimated current value:	
Present estimated mortgage balance:	
Do you have any other assets, property or capital?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Amount? (Further details not required at this stage)	

#### b. Employment

What is your occupation?	
Current Salary (gross):	

If self-employed:	Estimate of current earnings: To what date are accounts available?	
Do you have any other sources of Income?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Amount?		Source? (No further details required at this stage)

**4. PRELIMINARY GENERAL INFORMATION**

Are you consulting a solicitor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please state his/her name and address:	
Are you currently involved in divorce, other matrimonial or children proceedings?	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE
Would you like further information on this?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**5. CONFIDENTIALITY**

Do you wish to keep your private address or telephone number confidential from your partner/former partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

**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	<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

**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:** .....