

PLEASE COMPLETE YOUR PERSONAL DETAILS AND GIVE THIS FORM TO THE MEDIATOR

Please indicate if you wish your address telephone number this form kept confidential

FULL NAME		SURNAME AT BIRTH IF DIFFERENT	
ADDRESS where you wish to be contacted		OCCUPATION DATE OF BIRTH NATIONALITY NAT. INS. NO	
TEL. NOS and email. Home Work Mobile EMAIL		DETAILS OF YOUR SOLICITOR NAME FIRM ADDRESS	
IF REFERRED BY OTHER give brief details		TELEPHONE	
DATE OF MARRIAGE / LIVED TOGETHER SINCE		DATE OF SEPARATION	
CHILDREN FULL NAMES	Date of Birth	Details of where the children live and the contact they have with their non resident parent	
1 M/F			
2 M/F			
3 M/F			
4 M/F			
OTHER DEPENDANTS NAMES AND AGES WHERE AND WITH WHOM THEY LIVE		MAINTENANCE YOU PAY £ per month Voluntary <input type="checkbox"/> CSA <input type="checkbox"/> Court Order <input type="checkbox"/>	
		CHILD CARE COSTS because of work £ per month	
IF YOU HAVE ATTEMPTED RECONCILIATION OR COUNSELLING give brief details		IS IT YOUR BELIEF THAT THE RELATIONSHIP HAS BROKEN DOWN YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE <input type="checkbox"/>	
Give brief details of any Divorce or Children Act proceedings that have begun or are about to begin		ARE YOU IN A NEW RELATIONSHIP YES <input type="checkbox"/> NO <input type="checkbox"/>	

Please complete both sides of this form

