



# REFERRAL FORM

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

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

Please complete both sides of this form



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<b>FINANCIAL INFORMATION</b> <b>INCOME FROM EARNINGS</b> employed / self employed £. .Per calendar month GROSS £. Per calendar month NET <b>OTHER INCOME</b> £.....Per MONTH PLEASE GIVE BRIEF DETAILS		<b>DO YOU ALREADY RECEIVE LEGAL AID ?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> <b>NEED FOR WELFARE BENEFITS ADVICE</b> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> <b>CAPITAL / SAVINGS £</b> <b>PERSONAL DEBT £</b>	
<b>ADDRESS OF FAMILY HOME</b>		<b>RENTED</b> <input type="checkbox"/> Rent you pay per month £ <b>OWNED</b> <input type="checkbox"/> Mortgage you pay per month £ <b>JOINT NAMES</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> give brief details	
<b>CURRENT MARKET VALUE £</b> Is this your own estimate <input type="checkbox"/> Provided by an estate agent <input type="checkbox"/>		Type of mortgage <b>PRESENT MORTGAGE BALANCE £</b>	
<b>ISSUES FOR MEDIATION</b>			
<b>RELATIONSHIP BREAKDOWN</b> YES / NO / NOT SURE <b>CHILDREN</b> YES / NO / NOT SURE <b>PARENTAL RESPONSIBILITY</b> YES / NO / NOT SURE		<b>DIVORCE/ SEPARATION</b> YES / NO / NOT SURE <b>FINANCE AND PROPERTY</b> YES / NO / NOT SURE <b>OTHER</b>	
<b>Your reasons for coming to mediation</b>			
<p>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, 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. As mediator/s we cannot receive information that is confidential to one of you. <b><i>Please continue on a separate sheet if required</i></b></p>			
<b>IS DOMESTIC VIOLENCE AN ISSUE ?</b> YES / NO / NOT SURE Do you wish to discuss protective measures <input type="checkbox"/> DATE AND DETAILS OF LAST INCIDENT	<b>DATE OF COURT ORDERS OR UNDERTAKINGS GIVEN</b>	<b>IS CHILD PROTECTION AN ISSUE ?</b> YES / NO / NOT SURE IF YES GIVE DATE AND DETAILS OF LAST INCIDENT	<b>Are Social Services involved ?</b> YES NO

Please complete both sides of this form