

E J COOMBS MEDIATION

Mediation referral Form

Name.....

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

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.....

Family Name at birth (if different).....

NI number.....

2. Confidentiality

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.

[]

Please tick this box if you would like us to keep your private address or telephone number confidential from your partner/former partner. []

3. Stage of Proceedings

Are you consulting a solicitor? Yes [] No []

If so, please provide his/her name, address and telephone number

.....

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

Yes [] No []

If so, what stage have they been reached?.....

.....

Have you and/or your 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.....

.....

Where did you first hear about mediation?.....

.....

4. Contact information

Home address.....

Post code..... Tel.....

Fax.....

Email.....

Mobile.....

Work address.....

Post code..... Tel.....

Fax.....

Email.....

Where is it most appropriate to contact you?.....

5. Relationships

If married date of marriage.....

Date of commencement of cohabitation.....

If separated, date of separation.....

If divorced, date of: Decree nisi.....Decree Absolute.....

Are you seeking a permanent separation?.....or divorce?.....

Have you made any attempts at reconciliation?.....

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?.....

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

Yes [] No [] Not sure []

Would you like further information on this?

Yes [] No [] Not sure []

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?

Yes [] No [] Not sure []

6. Children and other dependants

(Please use supplementary sheet (if necessary))

First Child: Name..... Male/Female.....

 Date of birth..... Place of education.....

 Any special needs?.....

Second Child: Name..... Male/Female.....

 Date of birth..... Place of education.....

 Any special needs?.....

Third Child: Name..... Male/Female.....

 Date of birth..... Place of education.....

 Any special needs?.....

Do either of you have any other children?.....

.....

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?

.....

What are the arrangements for financial support in relation to any of the children?

.....

Child Support Agency involved Yes [] No [] Not sure []

Child Support Agency Assessment made Yes [] No [] Not sure []

Court order for maintenance? Yes [] No [] Not sure []

Voluntary Maintenance arrangement? Yes [] No [] Not sure []

Other?.....

Is financial support in relation to any of the children actually being paid?

Yes [] No [] Not sure []

If so, how much and how often?.....

Do you have parental responsibility for your children?

Yes [] No [] Not sure []

Is this an issue between you and your partner/former partner?

Yes [] No [] Not sure []

7. 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 []

If solely, by whom?.....

Estimated current value.....

Present estimated mortgage balance.....

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

Yes []

No []

If yes, amount?.....

Employment

Occupation.....

Current total salary or earnings from work (gross).....

Please bring documentary confirmation with you to your first appointment with a mediator.

Do you have any other sources of income?

Yes []

No []

If yes, please provide amount and source.....

If you are cohabiting, please provide details of any property that your partner owns and her income

.....

If you are cohabiting does your partner have any children not referred to above?

.....

8. Outline of issues you 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 []
Emotional/communication issues	Yes []	No []	Not sure []
Other.....			

9. Your Partner/Former Partner

(This is the person with whom you are or may be involved in bringing family or other proceedings)

Full name.....	Date of birth.....
Home address.....	Tel.....
.....	Fax.....
.....	Email.....
Post code.....	Mobile.....
Work address:.....	Tel.....
.....	Fax.....
Post code.....	Email.....

Where is it most appropriate to contact your partner/former partner?.....

Have you discussed family mediation with your partner/former partner?

Yes [] No []

Please indicate what you know about whether your partner/former partner may be willing to attempt mediation

.....

.....
.....

Please continue on back page if necessary.

Signed..... Date.....

Supplementary sheet 1 – Additional Dependants

6. Children and other dependants (continued)

Fourth Child: Name..... Male/Female.....
Date of birth..... Place of education.....
Any special needs?.....

Fifth Child: Name..... Male/Female.....
Date of birth..... Place of education.....
Any special needs?.....

Sixth Child: Name..... Male/Female.....
Date of birth..... Place of education.....
Any special needs?.....

Other Dependants

First Dependant: Name..... Date of birth & age.....
Nature of Dependence.....
Any special circumstances.....

Second Dependant: Name..... Date of birth & age.....
Nature of Dependence.....
Any special circumstances.....