

Mediation referral Form

EJ Coombs Mediation

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Billericay

Essex CM12 9AB

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EJ Coombs Mediation

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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.....

Home address

Work address

.....

.....

.....

.....

Post code

Post code

Tel

Tel.....

Fax

Fax.....

Email

Email.....

Mobile

Where is it most appropriate to contact you?

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

2. Stage of Proceedings

Are you consulting a solicitor? Yes No

If so, please provide the following information;

Their name

Their firm

Their address and telephone number

.....

Are you currently involved in divorce proceedings?

Yes No

If so, what stage have they reached?

.....

.....

Are you currently involved in Children Act or other family proceedings including financial proceedings?

Yes No

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

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

3. 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 were 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

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

4. 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 being paid in relation to any of the children ?

Yes No Not sure

If so, how much and how often?

Do you have parental responsibility for your children?

Yes No Not sure

Has there ever been any social services involvement in relation to your children ?

.....

5. 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)

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 details you may have regarding his/her income

.....

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

.....

6. Outline of issues you wish to resolve

Property and finance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Children	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Relationship breakdown issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Divorce and/or separation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Emotional/communication issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Other.....			

7. Your Partner/Former Partner

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

Are you aware if your partner/former partner may be willing to attempt mediation?

.....
.....

Is your partner/former partner consulting a solicitor?

Yes No

If yes, please state his/her name and address

.....
.....
.....

8. Your reasons for coming to mediation

Please indicate what issues you feel 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 joint discussions with you both. Mediators cannot receive information that is confidential to one of you (except a private address/telephone number you wish to keep confidential from a partner/former partner)

I have read and agreed with the agreement to mediate conditions

(available here - https://ejcoombs.co.uk/downloads/agreement_to_mediate.pdf)

Name Date.....

9. Supplementary sheet – Additional Dependants

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: Nam..... Date of birth & age.....
Nature of Dependence.....
Any special circumstance