



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

FULL NAME MR MRS MISS MS OTHER TITLE _____

SURNAME AT BIRTH IF DIFFERENT _____

OCCUPATION _____

ADDRESS where you wish to be contacted _____

TELEPHONE NUMBERS AND EMAIL

Home _____

Work _____

Mobile _____

Email _____

DATE OF BIRTH _____ **NATIONALITY** _____

NAME OF YOUR SOLICITOR if you have one _____

CHILDREN

1. Full Name _____

M/F _____ Date of Birth _____

2. Full Name _____

M/F _____ Date of Birth _____

3. Full Name _____

M/F _____ Date of Birth _____

4. Full Name _____

M/F _____ Date of Birth _____

Details of where the children live and the time they spend with each parent _____

OTHER DEPENDENTS (Names, ages, where and with whom they live) _____

ISSUES FOR MEDIATION

Divorce /Separation Yes No Not sure

Childrens arrangements Yes No Not sure

Finance and Property Yes No Not sure

Date started living together _____

Date of Marriage/Civil Partnership _____

Date of Separation _____

In your view has the relationship broken down Yes No

DATE OF STARTING DIVORCE _____

Date of Decree Nisi _____

Are you living with a new partner Yes No

Have you Remarried Yes No

NATIONAL INSURANCE NUMBER

INCOME FROM EARNINGS

Employed/Self Employed

£ _____ Per calendar month GROSS

£ _____ Per calendar month NET

ANY OTHER INCOME ie RENT/LODGINGS ETC

£ _____ Per calendar month

£ _____ Per calendar month

PLEASE PRODUCE -

WAGE SLIPS. / TRADING ACCOUNTS

and LAST YEARS TAX RETURN

BANK STATEMENT for last 30 days

INCOME FROM BENEFITS / MAINTENANCE. / PENSION TYPE;

_____ £ _____ per calendar month

_____ £ _____ per calendar month

_____ £ _____ per calendar month

_____ £ _____ per calendar month

PLEASE PRODUCE -

BANK STATEMENT for last 30 days

AWARD LETTER within last 6 months

CHILD SUPPORT / MAINTENANCE YOU PAY

£ _____ per month

Voluntary CMS Court Order

CHILD CARE COSTS because of work

£ _____ per month

Referral Form - Page 2

CAPITAL/SAVINGS £ _____ Please produce statement/passbook	PERSONAL DEBT JOINT £ _____ PERSONAL DEBT INDIVIDUAL £ _____ Do you require Benefits/Debt Management Advice?
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ADDRESS OF FAMILY/MARITAL HOME	RENTED <input type="checkbox"/> Rent you pay per month £ _____ OWNED <input type="checkbox"/> Mortgage you pay per month £ _____ JOINT NAMES <input type="checkbox"/> OTHER <input type="checkbox"/> give brief details
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CURRENT MARKET VALUE £ _____ Is this your own estimate <input type="checkbox"/> Provided by an estate agent on <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Type of mortgage _____ DETAILS OF MORTGAGE LENDER £ _____ PRESENT MORTGAGE BALANCE £ _____ PLEASE PRODUCE A STATEMENT
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YOUR REASONS FOR COMING TO MEDIATION

Please would you briefly state in bullet form the issues and your aims for mediation.

IS DOMESTIC/ABUSE/ VIOLENCE AN ISSUE? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Do you wish to discuss protective measures <input type="checkbox"/> DATE OF LAST INCIDENT _____	DATE OF COURT ORDERS OR UNDERTAKINGS GIVEN _____	IS CHILD PROTECTION AN ISSUE? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> If YES please give date of last incident	Are Social Services involved? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Is the case closed Yes <input type="checkbox"/> No <input type="checkbox"/> Are the Police involved? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Is the case closed Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please complete both sides of this form