



REFERRAL FORM

The information you provide on this form will remain confidential and will not be passed on to your partner.

Full Name	Date of Birth
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Home Address

Home Telephone No.	Mobile Telephone No.	Work Telephone No.
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Do you wish to keep confidential your address and/or telephone number ?

If Married Date of Marriage	If Separated Date of Separation
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The total period of your relationship
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Do you think your relationship has broken down permanently
<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have been married previously please give brief details
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REFERRAL DETAILS (CHILDREN)

1st CHILD

Name	Date of Birth	Age
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Place of Education	Any Special Needs ?
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With whom is the child/children living ?

Is the child aware of the situation ?

Is the child of this relationship/previous relationship

2nd CHILD

Name	Date of Birth	Age
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Place of Education	Any Special Needs ?
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With whom is the child living

Is the child of this relationship/previous relationship

3rd CHILD

Name	Date of Birth	Age
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Place of Education	Any Special Needs ?
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With whom is the child/children living ?

Is the child aware of the situation ?

Is the child of this relationship/previous relationship

Continue overleaf if necessary

PRELIMINARY FINANCIAL OUTLINE

If financial matters are to be considered, your mediator will give you a further form for completion. Meanwhile some preliminary information is requested.

THE FAMILY HOME

Address	Please state whether rented or owned
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If Jointly owned, please state	
If solely owned, by whom ?	
Estimated current value ?	
Present estimated mortgage balance ?	

EMPLOYMENT

What is your occupation ?

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**If employed:
Current annual salary (gross)**

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**If self employed:
Estimate of current earnings**

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Do you wish to discuss any of the following matters at mediation ?

Maintenance	Yes	No
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The family Home	Yes	No
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Pensions	Yes	No
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Other assets	Yes	No
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Debts	Yes	No
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Are you consulting a solicitor and if so please state his/her name and address:

Are there current court proceedings ? If so, please give brief details

Do you have concerns about your personal safety during sessions?

Do you feel intimidated by your spouse?

Would you like the mediator to arrange for you and your partner to arrive leave at slightly different times?

YOUR REASONS FOR COMING TO MEDIATION

It is very helpful if you are able to let us know what you aim to get out of coming to mediation. We appreciate that you may need to know more about the process from us but it would help us to have some preliminary idea of what your priorities are.

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Signed

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Date