



Client Mediation Referral Form

VR Family Mediation

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Information on this form would not normally be shared with the other mediating party, however your contact details including your address and email address may appear on joint documents and emails. If you would like any information to be withheld, please confirm at section 9.

1. Your details

Full name	
Date of birth	
Family name at birth (if different)	
Full registered address	
Full correspondence address (if different to your registered address)	
Email	
Preferred contact number	
Other contact number	
Where did you first hear about mediation?	

2. Details of the other mediating party (your spouse / parent to the child / ex-partner)

Full name	
Date of birth	
Family name at birth (if different)	
Full registered address	
Full correspondence address (if different to their registered address)	
Email	
Preferred contact number	
Other contact number	
Have you discussed family mediation with them?	Yes No
Please indicate what you know about whether they may be willing to attempt mediation	
Are they consulting a solicitor?	Yes No Not sure
If yes, please give the name, firm and email address	

3. Children and other dependants

First Child Name	
Gender	Male Female
Date of Birth	
Place of Education	
Any special needs/disabilities? If so, please give details	

Second Child Name	
Gender	Male Female
Date of Birth	
Place of Education	
Any special needs, including/disabilities? If so, please give details	

Third Child Name	
Gender	Male Female
Date of Birth	
Place of Education	
Any special needs/disabilities? If so, please give details	

Fourth Child Name	
Gender	Male Female
Date of Birth	
Place of Education	
Any special needs/disabilities? If so, please give details	

(please continue on supplementary sheet if necessary)

Do either of you have any other children?	
With whom is/are the child(ren) currently living?	

Please outline the current arrangements for the child(ren)	
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?	

4. Relationships

If married, date of marriage	
Date started living together	
If separated, date of separation	
If divorced, date of:	Conditional Order Final Order
Are you cohabiting or remarried 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 or virtual room at the same time. Are there any reasons why you would wish to start the first session separately?	Yes No Not sure

5. Preliminary financial outline

If financial matters are to be considered, a more detailed questionnaire may be supplied.

The family (or former) home Address (inc. postcode)	
Approximate value	
<u>Owned</u> Joint Names Sole Name If Soley, by whom?	<u>Rented</u> Joint tenancy Sole tenancy
Do you have any other significant assets, property or capital? If so, give approximate value	Yes No Value

6. Stage of proceedings

Are you consulting a solicitor? If so, please provide the following details:

Solicitor firm name	
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Solicitor name	
Solicitor email	
Are you currently involved in court proceedings? If so, what type of proceedings and what stage have they reached?	Yes No
Have you and/or the other party had any form of relevant counselling / therapy or involved any other professionals (e.g. Relate / Social services)? If yes, please give brief details of the other professionals involved	Yes No

7. Outline of issues you wish to resolve

Property and Finances	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? Please give details			

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 as bullet points below.

We appreciate that you may need to know more from the mediator, but it helps 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 the other mediating party).

Issues

Aims

(Please continue on supplementary sheet if necessary)

9. Confidentiality

Please tick this box if you would like us to keep your home or correspondence address, email address or telephone number confidential from the other mediating party.

Signed _____

Dated _____

If you are completing this form electronically, please insert your electronic signature or alternatively, type your name in the signature box. ***We will not be able to accept your form unless the above is signed and dated.**

Supplementary Information