



WYE VALLEY MEDIATION

REFERRAL FORM

Name.....

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 give us 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 reached?.....

.....

Have you and/or your partner/former partner had any form of relevant counselling/therapy or involved any other professionals (eg. 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:..... **Tel:**.....

..... **e-mail:**.....

..... **Mobile:**.....

Post Code:.....

Work Address:..... **Tel:**.....

..... **e-mail:**.....

..... **Mobile:**.....

Post Code:.....

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

5. Relationships

If married, date of marriage.....Date when you started living together.....

If separated, date of separation.....

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

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

Do you think your partner/former partner wants a 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 that we may need to address?

Please tick appropriate boxes 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 for other dependants or for four or more children)

1st Child Name: BOY GIRL D.O.B

Place of education Any special needs:

2nd Child Name: BOY GIRL D.O.B

Place of education Any special needs:

3rd Child Name: BOY GIRL D.O.B

Place of education Any special needs:

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 (CMEC) involved? YES NO NOT SURE?

Child Support Agency Assessment made? YES NO NOT SURE?

Court Order for Maintenance YES NO NOT SURE?

Voluntary Maintenance Assessment YES NO NOT SURE?

Other? (Please write in).....

Is financial support in relation to 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.

And also see page 6 in connection with Legal Aid/Public Funding

The Family Home

Address:.....
.....

Rented Owned If owned state whether: Jointly Solely-by whom.....

Estimated Current Value..... Present estimated mortgage balance.....

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

YES Amount?..... (Further details not required at this stage) NO

Employment

What is your 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 Amount.....Source?.....(No Further details required at this stage) NO

8. Outline of Issues you wish to resolve

Property and Finance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
Children	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
Relationship Breakdown Issues	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
Divorce and/or Separation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
Emotional/Communication Issues	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
Other (please write in).....			

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:**.....

.....**Mobile:**.....

Post code:.....**e-mail:**.....

Occupation:.....

Work Address:.....**Tel:**.....

.....**Mobile:**.....

Post code:.....**e-mail:**.....

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

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

Please indicate what you know about whether 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:-
.....
.....

10. 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/s, 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 or telephone number you wish to keep confidential from a partner/former partner)*

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

Referral Form Supplementary Sheet I – Legal Aid Information

In order to assess your eligibility for Public Funding/Legal Aid at our first session we are required by the Legal Services Commission (who administer Public Funding/Legal Aid) to ask you for the following additional information which will help us to do this effectively.

i) Current Public Funding/Legal Aid

Are you presently in receipt of Legal Help in family matters? YES NO NOT SURE

Are you in receipt of General Family Help or Legal Representation? YES NO NOT SURE

If yes, please bring a copy of any Certificate with you, and supply the number here.....

ii) State benefits

Do you or any new partner with whom you are now living receive any of the following (please tick all that apply)

- INCOME SUPPORT
- INCOME-RELATED JOBSEEKERS ALLOWANCE
- INCOME-RELATED EMPLOYMENT SUPPORT ALLOWANCE
- GUARANTEE PENSION CREDIT
- WORKING TAX CREDIT
- CHILD TAX CREDIT
- CHILD BENEFIT
- ANY OTHER STATE BENEFITS (Please write in which type).....

Please bring documentary proof with you.

iii) Housing Costs

Please supply the following information for yourself and for any new partner with whom you are now living:-

Monthly rent or Mortgage Instalment

Monthly premium or Endowment Policies linked to any Mortgage.....

iv) Maintenance

Please supply details of any maintenance paid or received by you or by any new partner with whom you are now living. This may be maintenance for an adult and/or for a child or children, and via the Child Support Agency, a Court Order, or on a voluntary basis.

Own Monthly Maintenance Received

Own Monthly Maintenance Paid

New Partner Maintenance Received

Maintenance Paid by New Partner

v) Child Care Costs

If you or any new partner with whom you are now living pay any child care costs in respect of children living with you, please supply details:-

Own child care costs

New Partner Child Care costs

vi) New Partner

We have already asked in Section 7 on page 4 for details of your housing and savings/capital. However, if you are living with a new partner please supply details of the following:-

New Partner's Family Home

Address.....

.....

Rented Owned If owned, state whether: Jointly Solely- by whom.....

Estimated Current Value.....Present estimated mortgage balance.....

Does your New Partner have any other significant assets, property or capital?

YES Amount?.....(Further details not required at this stage) NO

Employment

What is your new partner's occupation?

Current Total Salary or Earnings from Work (gross)

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

Does your new partner have any other sources of income?

YES Amount?.....Source.....(No further details required at this stage) NO

Referral form – Supplementary Sheet II – additional dependants

6. Children and other Dependants (continued)

4th child: Name BOY GIRL D.O.B.

Place of education: Any special needs:

5th child Name BOY GIRL D.O.B.

Place of education: Any special needs:

6th child Name BOY GIRL D.O.B.

Place of education: Any special needs:

Other dependants

1st Dependant:

Name:.....Date of birth.....

Nature of Dependence.....Age.....

Any special circumstances.....

2nd Dependant:

Name:.....Date of birth.....

Nature of Dependence.....Age.....

Any special circumstances.....

