

Victoria Scott Mediation
Referral form

Please complete this form and bring it to your first session.

NAME:

ADDRESS:

TELEPHONE NUMBERS:
(please include the best times to contact you)

EMAIL ADDRESS:

HOW DID YOU HEAR ABOUT US?

YOUR REASONS FOR COMING TO MEDIATION:

Please state what issues you would like considered and what your aims/objectives are in coming to mediation. It is helpful to know what you would like to achieve.

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PERSONAL DETAILS:

DATE OF BIRTH:

FAMILY NAME AT BIRTH (IF DIFFERENT TO PAGE ONE OF THIS FORM)

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NI NUMBER:

CONFIDENTIALITY:

Before mediation can proceed we usually arrange to share the content of this form with your mediation partner. Please tick the box if you would prefer that we did not do so at this stage.

STAGES OF PROCEEDINGS:

Are you consulting a solicitor? **YES NO**
If you are please give us their name, address and telephone number

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Are you currently involved in divorce or any other family or children proceedings? **YES NO**
If 'yes' what stage have they reached?

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Have you and/or the person with whom you are mediating had any form of counselling/ psychotherapy or involved any other professionals. This may include mental health services e.g. a psychiatrist, social services, community services etc.

YES NO

If 'yes' please give details of the professionals involved:

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n.b. Are there any issues of protection or safety which we may need to address within the mediation process? Usually mediation takes place with both parties in the room at the same time. Are there any reasons why you might wish to start mediation separately for the first session?

YES NO

If yes please give brief details:

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ISSUES YOU WOULD LIKE TO ADDRESS AND RESOLVE:

Children	Yes	No	Not sure
Dependants	Yes	No	Not sure
Relationship breakdown	Yes	No	Not sure
Divorce/separation issues	Yes	No	Not sure
Emotional/communication issues	Yes	No	Not sure
Pre-nuptial agreements	Yes	No	Not sure
Property/finance	Yes	No	Not sure

Other: (please write in)

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CONTACT INFORMATION:

Home address (where you are living now):

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Alternative address (if applicable):

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Tel: Mobile: Email:

Work address and telephone number:

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Where would you prefer that we contact you?

RELATIONSHIPS:

If married or in a civil partnership, date of this:

Date when you started living together:

If separated, date of separation:

If divorced date of divorce: decree nisi decree absolute

Are you seeking a permanent separation?

Have you made attempts at reconciliation?

Are you co-habiting or intending to do so?

Are you seeking mediation for a relationship which is not either marital or co-habitation?

If yes please give details

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Are you seeking mediation for a pre-nuptial relationship/agreement?

If yes please give details

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CHILDREN AND ANY OTHER DEPENDANTS:

Please identify your children or any other dependants as relevant, with their full name(s), dates of birth, gender, place of education, if they have any special needs and with whom they are currently living:

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Please outline the current arrangements for the children

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If you are separated from the other parent, are the children in contact with both parents, or with any other persons?

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To what extent are the children or other dependants aware of the situation?

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What are the arrangements for financial support in relation to any of the children? (Please underline or tick)

Child Support Agency?	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 (please write in):

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Is financial support in relation to any children or dependants actually being paid?

If yes, how much and how often?

Who has parental responsibility for the children?

Is this an issue between you and your partner/former partner? Yes No Not sure

FINANCIAL MATTERS:

(If financial matters are to be considered a more detailed questionnaire will be provided after our initial meeting)

Please state the address of the family home

Is this home mortgaged or rented?

Who owns the home if mortgaged?

Value of home?

Do you have any other significant assets, property or capital? If yes please state more detail:

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Please state your employment/occupation:

Full time or part time?

Current total salary (gross):

(please bring documentary confirmation with you to your first appointment)

Do you have any other sources of income?

YES

NO

(If yes please state the source of this income)

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DETAILS OF THE PERSON WITH WHOM YOU WISH TO MEDIATE:

Full name:

Home address:

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Tel numbers:

Date of birth:

Occupation:

Have you discussed family mediation with the above?	YES	NO	
Are they willing to attend?	YES	NO	
Are they consulting a solicitor?	YES	NO	UNSURE

If yes can you state the name and address:

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Please sign this form and return to us.

Signed: Date:

Thank you for taking the time to complete this form.

Please add any other relevant information on a separate sheet and attach.

Once you have completed this form please bring it with you to your first session.