

## Self-Referral Form

Please provide the following preliminary information before the initial meeting.

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	•	-	vife/partner (except a you do not want this c		
Do you want your ad so, please tick □	dress or telephone	number kept confid	lential from your husb	oand/wife/partner?	' If
1) Your personal d	letails				
Full Name:			Date of Birth:		
Home Address:					
			Postcode:		
Telephone:		Mobile:			
Fax:		Email:			
Work Address:					
			Postcode:		
Telephone:		Mobile:			
Fax:		Email:			
2) Relationship Inf	ormation				
Date of marriage/civi	l partnership:				
Date of start of any c	ohabitation:				
If separated, date of	separation?				
If living together, do	you wish to conside	er separation:			
Do you think that the	relationship has b	roken down perman	ently?		
Have you and your h	usband/wife/civil p	artner discussed div	orce?		

If so, have you reached any agreement about divorce:



## 3) Children

Please give the following information concerning any children you and/or your husband/wife/partner may have:

1st child:		
Name:	Sex:	Male/Female
Date of birth:		
If relevant, current place of education:		
Any special needs?		
2nd child:		
Name:	Sex:	Male/Female
Date of birth:		
If relevant, current place of education:		
Any special needs?		
3rd child:		
Name:	Sex:	Male/Female
Date of birth:		
If relevant, current place of education:		
Any special needs?		
4th child:		
Name:	Sex:	Male/Female
Date of birth:		
If relevant, current place of education:		
Any special needs?		
Please continue on a senarate nage if there are more tha	n four children or if the	re are any other

Please continue on a separate page if there are more than four children, or if there are any other dependants.



With whom are the children currently living?	<del></del>
If you are separated from the other parent, o	o the children have contact with him/her? Yes/No
Please provide details:	
To what extent are the children aware of the	situation between the two of you?
Do you have parental responsibility for the cl	nildren? Yes □ No □ Not sure □
Is parental responsibility an issue?	Yes □ No □ Not sure □
<b>4) Other dependants</b> Please give the following information concer have care:	ning any other dependants/people for whom you
Name/s:	
Any special needs:	
<b>5) Preliminary financial outline</b> The following preliminary information is required financial form will in due course be furnished	rested. If financial issues are to be considered, a detailed for completion.
The family home:	
Address:	
Is it rented or owned? Rented ☐ Own	ned 🗆
In whose name is it? Joint □ Sole	☐ Whose sole name?
If owned, estimated current value	and mortgage balance



Employment	
What is your occupation?	Current salary (gross)
If employed, name of employer	
If self-employed or in partnership, estim	nate of current annual earnings
Other sources of income	
Do you have any other sources of incom	ne? If so, estimated amount
And source	
6) Professional representation and Are you represented by a solicitor? If so	• •
Have you had any counselling or therap	by relevant to the relationship problems? If so, from whom?
Was it individual, as a couple or as a fai	mily?
Are you still having counselling or thera	ару?
Have any other professional services be	een involved with your family e.g. Social Services? If so, please
indicate when and where	
7) Legal proceedings Have any court proceedings started? If reached?	so, what proceedings, in what court and what stage has been
Is there a pending hearing date for any	proceedings? If so, what is it?



Has a Child Support Assessment or maintenance order been sought or made in relation to any child? If so, please give details:					
Has an order been made, sought or thropoperty? If so, please give details:	eatened	to prote	ect any member of the family or their		
8) Outline of issues for discussion Future of the relationship	Yes □	No 🗖	Not sure □		
Arrangements for separation	Yes □	No 🗖	Not sure □		
Review of existing agreement or order	Yes □	No 🗖	Not sure □		
Parental responsibility for children	Yes □	No 🗖	Not sure □		
Any other issues concerning children	Yes □	No □	Not sure □		
Financial/property issues	Yes □	No □	Not sure □		
Meetings are ordinarily held with both	parties t	ogether			
Does this create any concerns for you?	Yes □	No □	Not sure □		
Do you feel able to discuss this openly?	Yes □	No 🗖	Not sure □		
to know more from the mediator(s), but hope to achieve in broad terms, not in the second terms.	t it wou detail. P	ld help t lease do	mediation. We appreciate that you may need o have some preliminary idea of what you not provide information or send copies of a with you both or copied to one another.		
Please ensure that you bring a means o	f payme	nt with	you to the mediation session.		
Signed:			Dated:		