

Client Information Form

To help save time when you first meet us, please complete this form. **The information in this form is entirely confidential between you and your mediator and we will not share it with anyone without your permission.**

Your details

Title: Mr Ms Mrs Miss Other

First name: Last name:

Date of birth:

Do you qualify for legal aid? Yes No Not sure

Do you have any children? Yes No

Relationship to children

Home address:

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Would you prefer us to write to you by e-mail or post?

If email, please provide your email address:

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Is your email address confidential from the other person? Yes No Not applicable

Primary phone number:

Secondary phone number:

Other information about you

Do you have any disabilities you would like us to know about? Yes No

If yes, please provide details of any disability:

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Religion

Do you practise your religion? Yes No

Occupation

Which town/city/village do you work in?

If you think you may qualify for legal aid, please provide your monthly average net income, including wages, tax credits, other state benefits, child benefit, maintenance and child support £.....

Name any other person or persons who live with you (including adult children, partner, house-mate, relatives, care-givers etc.)

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If a person lives with you as your partner, and you think you may qualify for legal aid, please provide details of their monthly average income, as set out above £.....

Have you had any counselling or therapy relevant to the relationship problems?

Yes No Not applicable

If yes, from whom?

Was it individual, as a couple, or as a family?

If applicable, please provide brief details:

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Are you still having counselling/therapy? Yes No Not applicable

Have there been any recent major life events - positive and negative (e.g. losses, accidents, change of employment, birth of a child, marriage etc. (Please list and these will be discussed on an individual basis).

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Please provide the following information, as far as you can, about the person you want to mediate with

Title: Mr Ms Mrs Miss Other

First name: Last name:

Date of birth:

Their home address:

Their email address

Primary telephone number:

Secondary telephone number:

Tell us at least one positive thing about the other person:

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Your relationship to the person you want to mediate with

Please tick the ones that apply to you and provide relevant dates

- Are you or were you married? Date of marriage
- Are you or were you in a civil partnership? Date of ceremony
- Are you or were you cohabiting? Date cohabitation started
- Have you physically moved apart? If yes, date you separated
- If you are divorced, date of divorce
- If your civil partnership has been dissolved? Date of dissolution

If separated, who made the decision to end the relationship?

- Me
- My former partner
- Both of us together

Have you discussed separation/divorce or dissolution? Yes No Not applicable

Are you interested in reconciliation? Yes No Not applicable

Have papers been filed in court to end the relationship? Yes No Not applicable

If yes, by whom?

Have you discussed any separation, financial or parenting arrangements? Yes No

If yes, please provide brief details:

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Are you aware of any legal reasons that prevent you from communicating directly or indirectly? Yes No

If yes, please provide details:

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Have any financial or other court proceedings been started, apart from divorce or dissolution? Yes No

If yes, please provide the details:

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Is there a pending hearing date for any proceedings? Yes No

If yes, please provide the date

Has an order been made, sought or threatened to protect any member of the family or their property? Yes No

If yes, please provide the details:
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What is the date of the order?

What do you consider the greatest obstacle in reaching a successful outcome in mediation?
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Are there any religious, ethnic or cultural matters which could be relevant? Yes No

If yes, please provide details:
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Details of relevant children (usually children under 18 or still in full-time education)

Child 1:

Name:

First: Last:

Gender: Male Female Date of birth:

Living with: Mother Father Other

If other, please give details:

If relevant, school: Year:

Any special needs?

Child 2:

Name:

First: Last:

Gender: Male Female Date of birth:

Living with: Mother Father Other

If other, please give details:

If relevant, school: Year:

Any special needs?

Child 3

Name:

First: Last:

Gender: Male Female Date of birth:

Living with: Mother Father Other

If other, please give details:

If relevant, school: Year:

Any special needs?

Child 4

Name:

First: Last:

Gender: Male Female Date of birth:

Living with: Mother Father Other

If other, please give details:

If relevant, school: Year:

Any special needs?

Other dependants

Name:

First: Last:

Gender: Male Female Date of birth:

Any special needs?

Name:

First: Last:

Gender: Male Female Date of birth:

Any special needs?

Children

Are there any child maintenance arrangements in place? Yes No Not applicable

If yes, please provide the details:

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Has a child support assessment or maintenance order been sought or made in relation to any child? Yes No Not applicable

If yes, please provide the details:

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Current parenting schedule if applicable:

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Your relationship as parents - please answer if you have children together

What do you and the other parent do best as parents?

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What are your significant concerns as a parent?

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What are your hopes/goals about parenting in the future?

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What are your significant concerns about your relationship with the other parent?

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What are your significant hopes/goals for your relationship with the other parent?

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Are you able to discuss matters openly with each other? Yes No

Comment here about whether or not you and the other parent are able to make decisions cooperatively about the children.

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Have any other professional services been involved with your family e.g. social services?

Yes No

If yes, please provide the details

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During your relationship with the other person, how were important decisions made about

Household finances

- By the other person
- By me
- Jointly
- Not applicable

Purchase of joint/family property

- By the other person
- By me
- Jointly
- Not applicable

Children's education

- By the other parent
- By me
- Jointly
- Not applicable

Children's health care

- By the other parent
- By me
- Jointly
- Not applicable

Children's religious training

- By the other parent
- By me
- Jointly
- Not applicable

Children's extra-curricular activities

- By the other parent
- By me
- Jointly
- Not applicable

Other questions

Do any of the following apply to you or your relationship:

Have there been any incidents of cultural abuse? Yes No

If yes, please provide the details:

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Do either you or the other person suffer from mental or physical health problems Yes No

If yes, please provide the details:

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Has there been any Infidelity Yes, by me Yes, by the other person No

Have there been any incidents of verbal or emotional abuse? Yes No

If yes, please provide the details including by whom:

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Have the children witnessed any incidents of physical, verbal or emotional abuse?

Yes No Not applicable

If yes, please provide the details:
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Have you or the other person any reason to be fearful of each other? Yes No

If yes, please provide the details:
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Have you or the other person threatened to hurt each other in any way? Yes No

If yes, please provide the details:
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Have you or the other person hit or used any other type of physical force towards each other? Yes No

If yes, please provide the details:
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Have you or the other person emotionally or sexually abused each other? Yes No

If yes, please provide the details:
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Have you or the person abused alcohol or drugs? Yes No

If yes, please provide the details:
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Have you or the other person ever called the police, requested a protection order or sought help as a result of abuse by the other person? Yes No

If yes, please provide the details:
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Have you or the other parent ever threatened to stop the other seeing your children? Yes No Not applicable

If yes, please provide the details:
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Do you have any concerns about the children's emotional or physical safety with you or the other parent? Yes No Not applicable

If yes, please provide the details:
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Does any of the following apply to you and the other person?

- Poor communication
- Incompatibility
- Great deal of conflict
- One person taking advantage of the other person By me By the other person

What would you say about your relationship with the other person?

- Excellent
- Good
- Fair
- Poor
- Couldn't be worse

What effect do you think your relationship with the other parent has on the children?

- A great deal
- Some
- A little
- None at all

Matters for discussion

- Future of the relationship Yes No Not sure
- Arrangements for separation Yes No Not sure
- Review of existing arrangement or order Yes No Not sure
- Any question of behaviour, threat or abuse 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 normally held with both participants together. Does this create any concerns for you? Yes No Not sure
- Do you feel able to discuss matters openly? Yes No Not sure

Please provide brief details of the current matters you want to discuss:

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Hopes for mediation

Please could you say 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 in broad terms, not in detail. Please do not provide information or send copies of correspondence that cannot be mentioned in discussion with you both or copied to one another. (This does not apply to a private address or telephone number if you wish to keep this confidential from your partner/former partner).

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On a scale of 1-5, how willing are you to resolve matters without going to court?

- 1 (completely unwilling)
- 2
- 3
- 4
- 5 (completely willing)

On a scale of 1-5, how willing do you think your (ex-)partner is to resolve matters without going to court?

- 1 (completely unwilling)
- 2
- 3
- 4
- 5 (completely willing)

Professional representation and support

Do you have a lawyer? Yes No

If yes, please complete your lawyer's details:

First name: Last name:

Their email address:

Their postal address:

Street address

City Post code

Country

Their phone number

Date