**CONFIDENTIAL**

Mediation preliminary information form

**PLEASE READ AND COMPLETE THE ATTACHED FORM BEFORE YOU ATTEND YOUR ASSESSMENT MEETING**

Thank you for agreeing to meet with me to consider whether mediation may be helpful to you in resolving things with your partner/former partner. The attached form is designed to provide preliminary information about you and your situation to assist in planning your mediation process.

Please note that not all sections may apply to you – for example, if you are planning to mediate in matters regarding your child or children, you will not need to complete those sections relating to your financial situation, but remember that it might be relevant where financial support for your child or children may be an issue you wish to discuss.

It is important that you complete Section 10 which relates to your aims in coming to mediation as this assists me in understanding what you hope to achieve as a result of choosing mediation.

Please therefore complete all sections that you think apply to you and the issues which you wish to discuss or resolve together should you subsequently choose mediation. Completed forms are kept confidentially by me and information will not be shared with anyone else without your permission Your address and contact details can also be kept confidential if you wish – please indicate if this is the case at section 1.b. of the form.

I shall look forward to meeting you.

Please return completed form to:

Family Mediation Nottingham – Campions Solicitors

45-49 Mansfield Road

Nottingham

NG1 3FH

You can return it by email

Mediation preliminary information form

***Please return the following preliminary information before your initial meeting.***

**1a. Your personal details**

Your name Date of birth:

Title : Mr/Mrs/Ms/Miss/Dr/Other AGE:

Home address: Tel:

 Fax:

 Email:

Post code: Mobile:

Occupation:

Work address: Tel:

 Fax:

 E-mail:

Post code: Mobile:

At which address/phone no./email is it most appropriate for me to contact you?……………………………………………………………

It would be helpful to have your National Insurance no. if you know it: .…………………………………………………………………

**1b. Confidentiality**

Do you want your address and/or contact details kept confidential? If so, please tick Yes

**2. Relationship Information**

Name of the other party……………………….……………………………………………………………….

Title : Mr/Mrs/Ms/Miss/Dr/Other AGE:

Their address and contact details: …………………………………………………………………………………….

………………………………………………………………………………………………… Post code:………………………

Email:……………………………… Tel: …………………………………………………………………………………………

Date of marriage:……………………… Date of start of any cohabitation:…………………………...

If separated, date of separation……………………………………………………………………………………….

If currently living together, do you wish to consider separation?………………………………………

Do you think that your relationship has come to an end permanently?

 Yes No Not sure

Have you and your husband/wife/partner discussed divorce/separation? …………...…………

If so, have you reached any agreement about divorcing or separating? ………………………

**3. Children**

Please give the following information concerning any children you and/or your husband/wife/partner are parents to:

**1st child:**

Name:……………………………………………………………………………… Date of birth:…………………. AGE

If relevant, current place of education:……………………………………………………………………………….

Any special needs?……………………………………………………………………………………………………

**2nd child:**

Name:……………………………………………………………………………… Date of birth:…………………. AGE

If relevant, current place of education:……………………………………………………………………………….

Any special needs?……………………………………………………………………………………………………

**3rd child:**

Name:……………………………………………………………………………… Date of birth:………………….AGE

If relevant, current place of education:……………………………………………………………………………….

Any special needs?……………………………………………………………………………………………………

**4th child:**

Name:……………………………………………………………………………… Date of birth:………………….AGE

If relevant, current place of education:……………………………………………………………………………….

Any special needs?……………………………………………………………………………………………………

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

With whom are the children currently living?…………………………………………………………………

If you are separated from the other parent, are there arrangements in place for them to spend time with their other parent?

……………………………………………………………………………………………………………………………………….

Do you have Parental Responsibility for the children? Yes No Not sure

Is Parental Responsibility an issue? Yes No Not sure

Are the children aware of the situation between you and your husband/wife/partner?

…………………………………………………………………………………………………………………………………….

**4. Anyone else who is dependent upon you?**

Is there anyone else e.g. a parent or other child or family member for whom you have caring responsibilities or who is dependent upon you financially or practically for support/assistance? Yes No

Please provide brief details here (name and age)

 …………………………………………………………………………………………..

**5. Preliminary financial outline**

*The following preliminary information is requested. If financial issues are to be considered as part of your mediation, a more detailed financial form will be provided and discussed with you both.*

**The property where you live:**

Address (if different from home address in Question 1) ………………………………………………………………….

…………………………………………………………………

………………………………………………………………..

Is this the property where you and your husband/wife/partner live or lived together?……………………………….

Is it rented or owned? Rented Owned

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, estimate of current annual earnings……………………………

To what date are accounts available?………………………………………………………………………………..

**Other sources of income:**

Do you have any other sources of income? If so, estimated amount……………………………

and source…………………………………………………………………………………………………………….

(No further details required at this stage.)

**6. Professional representation and support**

Are you represented by a solicitor? If so, what is her/his name and address?

Name: ……………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………..

Have you had any professional support (counseling or personal/relationship support) relevant to your relationship? If so, from whom? Was it individual, as a couple, or as a family?

……………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………...

Is that support continuing? Yes/No

Have any other professional services been involved with your family e.g. Local Authority Children’s Services? If so, please indicate when and where ……………………………………………………………………………………………………….

**7. Legal proceedings**

Have any court/legal proceedings started? If so, what proceedings, in which court, and what stage has been reached?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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 threatened to protect any member of the family or their property? If so, please give details…………………..………………………..………………………………………

**8. What is important for you to discuss or have information about?**

Would you like to address or receive information on any of the following? (this indication will not limit the issues that can be discussed in any subsequent mediation):

Future of the relationship Yes No Not sure

Arrangements for separation Yes No Not sure

Review of existing agreement order Yes No Not sure

Your children and managing parenting Yes No Not sure

Parental responsibility for children Yes No Not sure

Financial/property issues Yes No Not sure

Questions/Information about behaviour/

threat/harassment/harm or abuse Yes No Not sure

Debt or other financial hardship Yes No Not sure

Mediation is usually conducted with both of you present

together. Does this create any concerns for you? Yes No Not sure

Do you feel able to discuss this openly? Yes No Not sure

Other (please specify here)……………………………………………………………………………………

**10. Your aims in mediation**

Please would you say a little about what it is that is important for you to deal with and what you hope to achieve by coming to mediation. I appreciate that you may need to know more from me about how you might reach a resolution but it would help to have some preliminary idea of what you hope to achieve in broad terms, not in detail.

**Equal Opportunities Monitoring and Gender Disability and Ethnic Origin**

Completion of the ethnic origin and disability field is voluntary. However where a client is willing to provide this information it will greatly assist us in monitoring and researching access to LAA funding services in line with their commitment to promote equal opportunities set out in the Equality Scheme. This information will be treated in the strictest confidence and will be used for physical monitoring and research.

Disability: 🞏Yes 🞏 No 🞏 Rather not say

Ethnic Origin: White British 🞏 White Irish 🞏 Black or Black British African 🞏

 Black or Black British Caribbean 🞏 Black or Black British Other 🞏

Asian or Asian British Indian 🞏 Asian or Asian British Pakistani 🞏

Asian or Asian British Bangladeshi 🞏 Chinese 🞏

Mixed white and Black Caribbean 🞏

Mixed white and Black African 🞏

Mixed white and Asian 🞏 mixed other 🞏

White other 🞏 Asian or Asian British Other 🞏

Other 🞏 unknown 🞏 rather not say 🞏

Signed……………………………………………………………………..

Date………………………………………………………………………..

Thank you for having taken the time to complete this form