**About you**

|  |  |  |
| --- | --- | --- |
| Firm / Agency: | | |
| Contact name: | | |
| Address: |  | |
| Postcode: |  | |
| ☎ Tel: | | Email: |

**About your client**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is this an LSC Funding Code referral? | | | | | | | | Yes ☐ | | | | | No ☐ |  |  |
| Title: | Mr ☐ | | Mrs ☐ | Ms ☐ | | Miss ☐ | | | | Other: | | | | DOB: | |
| First Name(s): | | | | | | | | | | | | Surname: | | | |
| Address: | |  | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | |
| ☎ Mobile: | | | | | ☎ Home: | | | | | | | | | | |
| ☎ Work: | | | | | Email: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Is the client’s address confidential? | | | | | | | yes | | ☐ | | no | | ☐ | | |

**About the other party**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Relationship to your client: | | | | | | | | | | | | | |
| Title: | Mr ☐ | | Mrs ☐ | Ms ☐ | | | Miss ☐ | | Other: | | | | DOB: |
| First Name(s): | | | | | | | | | | | Surname: | | |
| Address: | |  | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | |
| ☎ Mobile: | | | | | ☎ Home: | | | | | | | | |
| ☎ Work: | | | | | Email: | | | | | | | | |
| Other party’s solicitor’s name: | | | | | | | | | | | | | |
| Firm: | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | | |
| ☎ Tel: | | | | | Email: | | | | | | | | |
|  | | | | | | | | | | | | | |
| Is solicitor aware of referral? | | | | | | yes | | ☐ | | no | | ☐ | |
| Is other party aware of referral? | | | | | | yes | | ☐ | | no | | ☐ | |

**Please give details of any children**

|  |  |  |
| --- | --- | --- |
| Name | Date of birth | Currently living with |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Background / Current Situation – please complete as appropriate**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Married? | Yes ☐ | No ☐ | Date: | |  |  |
| Lived together since: | | | | Date of separation: | | |
| Are there other agencies involved (CAFCASS, Social Services, other)? | | | | | Yes ☐ | No ☐ |
| If yes, please detail: | | | | | | |
| Are there any current court proceedings? | | | | | Yes ☐ | No ☐ |
| Details, inc. date of next hearing: | | | | | | |
| Are there any issues relating to domestic violence (alleged or actual), child protection, mental health, | | | | | | |
| drug or alcohol abuse or other factors of which we should be aware? | | | | | Yes ☐ | No ☐ |
| If yes, please detail: | | | | | | |

**Requirements for Mediation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Issues for mediation – please tick all that apply | | | | | | |
| Contact arrangements ☐ | | Residence of children ☐ | | Finance / property ☐ | | |
| Other (please detail): | | | | | | |
| Preferred location | | | | | | |
|  |
| Single or joint assessment meeting preferred? | | | Single ☐ | | Joint ☐ | Either/unsure ☐ |
| Are there any special needs (eg disabled access / interpreter / other)? | | | | | | |
| Any further information? | | | | | | |

**Please send by post, email or fax to:**

The Admin team Aspire Family Mediation

Telephone 01908-966008

Email: [jason@mediationrefer.co.uk](mailto:jason@mediationrefer.co.uk)

**Thank you for referring your client to Aspire Family Mediation Service**