

**Mediation Referral Form**

**File Ref Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:**

Please bring the completed form to your first appointment. Information given to us on this form and at any assessment meeting is confidential and will not be shared with any third parties unless you give us permission to do so. Your contact details will not be disclosed without your consent. Please contact us if you have any queries about our mediation services.

Full Name:

Surname at Birth (If Different):

Date of Birth:

Home Address:

National Insurance Number:

Phone:

Email:

Preferred Contact Method: ☐ Phone ☐ Mobile ☐ Text ☐ Email ☐ Letter

I wish my email, home address and telephone numbers to be kept confidential: ☐ Yes ☐ No

**Professional Support Details**

If you are consulting a Solicitor, please state:

Name:

Address:

Telephone:

Email:

**Screening and Protection Questions**

Have you ever been involved with Social Services?

Have you ever been involved with CAFCASS?

Are there or have there ever been any court proceedings?

Are there any issues relating to domestic abuse, drugs, alcohol or mental health?

Do you have any concerns about meeting with the other party?

**Mediation Information**

What issues would you like to address in mediation?

☐ Children arrangements ☐ Financial matters ☐ Property division☐ Communication issues ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children's Information (if applicable)**

Please provide details of any children involved:

Name(s) and age(s):

Current living arrangements:

Any special needs or requirements:

**Background Information**

Brief summary of your situation and what you hope to achieve through mediation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Consent and Agreement**

I confirm that the information provided is accurate and I consent to Frankie Family Services contacting me regarding mediation services.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frankie Family Services | Phone: 02085407715 | Email: referrals@frankie-family-services.com