

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 – Champions Solicitors
45-49 Mansfield Road
Nottingham
NG1 3FH

You can return it by email to dpriest@champions.co.uk

Mediation preliminary information form

Please return the following preliminary information before your initial meeting.

1a. Your personal details

Your FULL NAME.....

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

Date of birth:

AGE:

Home address:

Tel:

Fax:

Email:

Post code:

Mobile:

Your Occupation:

Your Employer:

Your National Insurance no. if you know it:

Do you want your address and contact details kept confidential from the other party?

Yes or No

2. The Other Party's details

Their Full Name

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

DOB

AGE:

Their address:

Post code:

Their email :

Their Tel :

Date you started living together:.....

Date of Your marriage (if applicable):.....

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?

3. Children

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

1st child:

FULL NAME:..... Date of birth:..... AGE

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

Any special needs?.....

2nd child:

FULL NAME:..... Date of birth:..... AGE

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

Any special needs?.....

3rd child:

FULL NAME:..... Date of birth:.....AGE

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

Any special needs?.....

4th child:

FULL 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?.....

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

Yes No Not sure

4. Any other children ? Or anyone else who is dependent upon you?

Please provide their full names and ages

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5. FINANCIAL INFORMATION

- *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.*

i) PROPERTY / ASSETS

Is this the **property** where you and your husband/wife/partner live or lived together :

Address Post Code

Is it rented or owned? Rented Owned

In whose name is it? Joint Sole Whose sole name?.....

If owned, Current value £..... (estimated)

Mortgage balance £..... (estimated)

Are there any other properties / Assets to be dealt with ? If so, provide details – basic details only required at this stage - what it is and roughly the value:

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Please continue on a separate page if there are several properties or you wish to give us details of your assets.

ii)

Employment:

- a) Current salary (gross) £..... Net per month £.....
- b) If self-employed or in partnership, estimate of current annual earnings £.....
- c) Do you have any other sources of income? If so, estimated amount £

(what is the source.....)

6. Your solicitor :

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?

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Have any other professional services been involved with your family e.g. Local Authority Children's Services (social services been involved?) ? If so, please provide details

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7. Legal proceedings

Have any court/legal proceedings started? If so, provide details?

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8. What are you wanting to discuss in mediation ?

[Please 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]

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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

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

