



Client Initial Information Form

*Please note: Please bring the completed form to your first appointment. Information given to us on the form and at any assessment meeting is **confidential** and will not be shared with any (ex-) partner unless you give us permission to do so. In particular, your contact details will not be disclosed. **However**, if we proceed into mediation, we will ask if this completed sheet can be shared with your (ex-) partner. Do telephone us if you have any queries.*

YOU Full name:

Surname at birth (if different):

Date of birth:

National Insurance Number:

Home/current address:

Work address:

Home Tel. No.:

Work Tel. No:

Mobile No.:

Email:

How would you best like to be contacted? **Landline/ mobile/ text/ email/ letter**

I wish my address/ telephone number to be confidential **yes/ no**

YOUR PARTNER Full Name:

Date of birth:

Home/current address:

Mobile No:

Email:

If you are consulting a Solicitor, please state his/her name, address and telephone number:

Please tell us who, if anyone, suggested you contact us for mediation

SCREENING, PROTECTION AND CONFIDENTIALITY

Please note: Mediation is confidential, but there are occasions when we are obliged to breach confidentiality either in relation to Child Protection or other abuse, or breaches of the Proceeds of Crime Act 2002 (see our information elsewhere). By completing and signing this form, you are agreeing to this basic rule of confidentiality, although we will discuss it with you in more detail when we meet.

Are there issues of abuse, protection, violence or safety which we may need to address, either in relation to you or any children?

Are there any reasons why you would not wish to be in the same room as your (ex-) partner?

Are you aware of any potential involvement with the proceeds of crime or money laundering, however small?

Do you want an address or telephone number kept confidential?

PLEASE COMPLETE ONE OF THE FOLLOWING THREE SECTIONS

IF YOU ARE/WERE MARRIED:

Date of marriage

Date you started living together

If separated, date of separation

If divorced, date of Decree Nisi

Date of Decree Absolute

Do you think the marriage has broken down irretrievably? **Yes/ No**

Are you seeking a permanent separation or a divorce? **Yes/ No**

Are you currently involved in divorce or other Court proceedings? **Yes/No**

If yes, what stage has been reached?

If you were married previously, please give brief details:

IF YOU ARE/WERE NOT MARRIED TO YOUR PARTNER/CHILD'S OTHER PARENT:

Date you started living with your (ex) partner, if at all:

If separated, date of separation:

Do you think the relationship has broken down irretrievably? Yes/ No

If you were married previously, please give brief details:

IF THE OTHER PARTICIPANT IS SOMEONE OTHER THAN YOUR (EX-) PARTNER OR SPOUSE:

What is your relationship to the other party involved in this referral?

What is your relationship to any relevant children listed below?

Who are the other members of your household?

IF THERE ARE RELEVANT CHILDREN, PLEASE COMPLETE THE FOLLOWING, EVEN IF THEY ARE NOT THE SUBJECT OF ANY DISPUTE

First Child:

Name:

Date of birth:

Age:

Place of education:

Any special needs or issues?

Second Child:

Name:

Date of birth:

Age:

Place of education:

Any special needs or issues?

Third Child:

Name:

Date of birth:

Age:

Place of education:

Any special needs or issues?

Please add details for any further children on another page

With whom are the children living?

Are the children aware of the situation?

Are there specific issues about the children you would like to address in Mediation?

Please continue briefly on another page if necessary and add details if there are more than three children.

PRELIMINARY FINANCIAL OUTLINE

If financial matters are to be considered, a detailed questionnaire will be provided after your first session. Meanwhile, some preliminary information would be helpful, but will be treated in confidence:

THE FAMILY HOME:

Address:

Please state whether rented or owned:

If owned, please state:

Jointly or solely owned?

Estimated current value?

Present estimated mortgage balance?

DETAILS OF OTHER SUBSTANTIAL ASSETS AND LIABILITIES:

Bank or Building Society Accounts

Investments (ISAs, PEPs etc.)

Life Policies

Pensions

Liabilities

EMPLOYMENT:

What is your occupation?

If employed, current annual salary (gross):

If self-employed, (a) estimate of current earnings:

(b) to what date are accounts available?

Please give details of any other relevant income:

OUTLINE OF ISSUES FOR DISCUSSION

Future of the relationship	<i>Yes</i>	<i>No</i>	<i>Not sure</i>
Arrangements for separation	<i>Yes</i>	<i>No</i>	<i>Not sure</i>
Review of existing agreement or order	<i>Yes</i>	<i>No</i>	<i>Not sure</i>
Any question of behaviour, threat or abuse	<i>Yes</i>	<i>No</i>	<i>Not sure</i>
Parental responsibility for children	<i>Yes</i>	<i>No</i>	<i>Not sure</i>
Any other issues concerning children	<i>Yes</i>	<i>No</i>	<i>Not sure</i>

YOUR REASONS FOR COMING TO MEDIATION:

Please tell us what you think your main objectives are likely to be in mediation. We appreciate that you need to know more about the process from us, but it would help us to have some idea of what you hope to achieve with our help. What is it that you would most like to achieve?

DATA PROTECTION – IMPORTANT INFORMATION FOR YOU

Data protection protects the privacy of information about you and how it might be used, shared or stored.

For the purpose of your mediation, I will keep any information that you provide to me securely and will not share it without your individual permission. However, I ask that, in the event of any complaint that is referred to my membership organization or to The Legal Ombudsman, that you agree that I may release any information or your file to either or both for the purposes of resolving any complaint.

My practice’s quality assurance standards also require monitoring of my mediation files. From time to time, my Practice Consultant may have sight of files, but access is strictly controlled and on a similar confidential basis. I also ask you to agree that the mediation and any summaries may be reviewed on a strictly confidential basis by my Professional Practice Consultant /Supervisor and that **anonymized details about your case may be used for training purposes.**

I ask that you also accept that this includes me retaining and storing information for as long as is necessary in connection with the Agreement and your mediation. I may also keep data for research and statistical purposes but on the understanding that if used any information or details about you have been removed so that you cannot be personally identified.

I consent to my data being used in this way.

(signed).....

(dated).....

Terms and Conditions

1. Payment of £120 for this initial meeting (MIAMS) must be made in full by cheque or cash at the end of the meeting, or by BACS prior to the meeting.
2. Cheques should be made payable to Choice Family Mediation
3. BACS transfers should be made to Choice Family Mediation Limited at HSBC, Sort Code 40-36-16 Account Number 71556460
4. In the event of cancellation within 48 hours of the confirmed appointment, or non-attendance, the full fee for the meeting is payable.

Choice Family Mediation
www.choicefamilymediation.co.uk