

**CONFIDENTIAL**

## Mediation preliminary information form

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:

Lauren Sadler  
St Georges House  
31 Bridge Street  
Witham  
Essex  
CM8 1DY

Or by e-mail [l.sadler@levysolicitors.co.uk](mailto:l.sadler@levysolicitors.co.uk)

# Mediation preliminary information form

This form is approved by Resolution for use by independent professional mediators who mediate as members of Resolution

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

## **1a. Your personal details**

Your name	Date of birth:
Home address:	Tel:
	Fax:
	Email:
Post code:	Mobile:

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 your husband/wife/partner.....

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:.....

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

Any special needs?.....

**2nd child:**

Name:..... Date of birth:.....

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

Any special needs?.....

**3rd child:**

Name:..... Date of birth:.....

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



**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 (counselling 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           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Arrangements for separation          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Review of existing agreement order   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Your children and managing parenting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |



Signed.....

Date.....

Thank you for having taken the time to complete this form