Booking and Pre-Mediation Information

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| --- | --- | --- |
|  | **About You** | **Who do you want to mediate with?** |
| Name: |  |  |
| Date of Birth: |  |  |
| Address: |  |  |
| Postcode: |  |   |
| Telephone 1:  |  |  |
| Telephone 2 (if available): |  |  |
| Email: |  |  |
| Adjustments needed for you to access the service? eg accessibility needs, language (interpreter) |  |  |
| Solicitor’s name and firm (if you have one): |  |  |
| What is this person’s relationship to you? (eg ex-wife): |  |
| Dates of the relationship | Living together:  |  |
| Marriage / civil partnership:  |  |
| Separation: |  |
| Divorce: |  |
|  |
| **If you have children (you can give their names and dates of birth later), please give:** |
| Child  | Age | Who they live with |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
|  |  |  |
| What do you need to discuss in mediation? (Please delete any that don’t apply) | Children / Finance and property / End of relationship |
| Please give brief details: |  |
| Are there any court proceedings or orders in place relating to these matters?  | Yes / No |
| If yes, please give details: |  |
| Has there been domestic abuse, or do you have any concerns about mediating? | Yes / No |
| Brief details, if appropriate here: |  |
|  |  |
| If you are referring on behalf of someone else, please give your name, role and contact details: |  |

Thank you. Please return to sbrooks@ofm.org.uk