**Background Information Form**

**This form is private and confidential**

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| About you |
| First Name |  | Surname |  |
| Address  |  |
| Post Code |  | DOB | ­­\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ |
| Telephone Number  |  | Confidential:Email | Yes/No |
| Email Address |  | Telephone | Yes/No |
| Address | Yes/No |

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| --- | --- | --- | --- | --- |
| Date of marriage  |  | Date separated |  |  |
| Date of divorce |  | Do you have children? | Yes | No |
| Date of Decree Nisi |  | Date of Decree Absolute  |  |  |
| Seeking a divorce |  | Are you living together? | Yes | No |

Are you involved with any other professionals? Probation, social services, Mental health team Counselling etc please provide full details ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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| Relationships |
| Are you in a new relationship? |  |  |  |
| Are you living with someone new? |  |  |  |
| Have you remarried? |  | Do you intend to remarry? |  |
| Do you have a solicitor? |  | Solicitor details  |

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| Safety  |
| Are there issues of any forms of domestic abuse? |  |
| Do you feel comfortable being in a room with the other party? If not please state why |  |
| A reminder this form is confidential  |

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| Children and Dependants  |
| Name (child 1) | Age | School/childminder/nursery/N/A | sex | Any Special needs/disabilities | Tick if both parties are child’s parents  |
|  |  |  |  |  |  |
| Name (child 2) | Age | School/childminder/nursery/N/A | sex | Any Special needs/disabilities |  |
|  |  |  |  |  |  |
| Name (child 3) | Age | School/childminder/nursery/N/A | sex | Any Special needs/disabilities |  |
|  |  |  |  |  |  |
| Name (child 4) | Age | School/childminder/nursery/N/A | sex | Any Special needs/disabilities |  |
|  |  |  |  |  |  |
| Name (child 5) | Age | School/childminder/nursery/N/A | sex | Any Special needs/disabilities |  |
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| With who are the children currently residing with? Please outline the current arrangements for the children: |
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| Is child maintenance being paid? To/From whom? |  |
| Do you have parental responsibility?  |  |  |
| Are the children aware of the situation? | Yes | No |

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| --- | --- | --- | --- |
| Family home | Rented  | owned | Other? |
| House value (or approximate) |  |
| Any other properties owned? | Yes | No | If yes please provide details |
| Other significant assets, capital |  |
| Employment |  | Salary  |  |
| Full time | Yes/ No | Part Time  | Yes/No |

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| Issues to be discussed |
| Property and finance  | Yes | No |
| Children  | Yes | No |
| Relationship breakdown | Yes | No |
| Divorce and separation  | Yes | No |

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| Please provide some information on what is bringing you to mediation? This form is confidential.   |

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_