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**Mediation Information and Assessment Meeting**

**Referral Form**

**1. Your Contact Details**

Full Name:

Home Address:

Telephone:

Email:

Mobile:

Occupation:

Where is it most appropriate to contact you?

Date of birth:

Do you want any of your contact details kept confidential from your ex?

**2. Your Ex-Partner**

Full Name:

Home Address:

Telephone:

Email:

Mobile:

Occupation:

Where is it most appropriate to contact your ex-partner?

Date of birth:

**3. Relationship Information**

Date of Marriage/Civil Partnership:

Date of separation:

Date of any Decree Nisi:

Date of any Decree Absolute:

**4. Children of the family**

Please list names and ages, with date of births, of any children

**5. Professional Representation**

Are you consulting a solicitor? Yes / No

If so, please give name and contact details:

Is your ex-partner consulting a solicitor? Yes / No

If yes, please give name and contact details, if known to you:

**6. Referral**

Where did you hear about Sage Mediation?

**7. Issues to be addressed**

Please state briefly the issue or issues needing to be addressed

**The Mediation Information and Assessment Meeting is a safe space, on your own and in confidence, to discuss any concerns you may have about your situation and how to resolve them.**