



BRIDGE FAMILY MEDIATION

Date: Mediator: Case ref:

CLIENT INFORMATION FORM

Personal Details

Full name:	Last name at birth if different from above:
Address: Post code:	
Mobile number:	
Other phone/s:	
Email/s:	
Date of birth/age:	
Ethnicity:	
Do you have a disability?	
Occupation:	
National Insurance No:	

Are the children safe? Yes No	Are the children aware of the situation? Yes No
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Would you like your child/children to be seen by an impartial mediator? Yes No

Have any of the children got special needs, disabilities or health issues?
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Current contact arrangements between child/children and non-resident parent:
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Name of solicitor:	
Name of firm:	
Telephone number:	
Address:	
Post code:	

Outline of issues you wish to resolve in mediation:

Property and Finance: Yes No	Children: Yes No
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<p>Are there any issues of protection, violence or safety which need to be addressed? Normally mediation takes place with both parties in the room at the same time; are there any reasons why you would wish to start mediation separately (known as Shuttle Mediation – clients in separate rooms)?</p> <p>Yes No</p>
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