**NEW CLIENT ENQUIRY FORM**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone No** |  |
| **Email** |  |
| **Solicitor** |  |
| **Address** |  |
| **Telephone No** |  |
| **Email** |  |

**Is this a referral for a Mediation Information and Assessment Meeting? Yes No**

**Other Party’s Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone No** |  |
| **Email** |  |
| **Solicitor** |  |
| **Address** |  |
| **Telephone No** |  |
| **Email** |  |

**Preferred location for Mediation:**

**Issues for Mediation:**

**Children Property & Finances Divorce/Separation All Issues**

**Please give details of any children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Date of Birth** | **Living with?** | **Special health/educational needs** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

**Relationship**

**Date of marriage, civil partnership or cohabitation:**

**Key dates:**

**Are there any current Court proceedings? Yes / No Date of next hearing:**

**Are there any relevant Court Orders? Yes / No**

**If Yes, type & Date of Order:**

**Has a divorce petition been filed: Yes / No Date of Decree Nisi:**

 **Date of Decree Absolute:**

**Please give brief description of issues for mediation:**

**It is crucial we are told about safety or other issues, such as domestic violence before clients attend the initial meeting. Plese set out below details of any injunction proceedings and any concerns you may have (eg. Mental health, domestic violence, child protection).**

**Signed: Dated:**

**Please email to** **hello@celiachristiemediation.co.uk**

**Date of receipt: Date of initial contact:**