



## **Collaborative Information Form**

*Please give the following preliminary information before the initial meeting. Please note that this information is confidential.*

### **1. Your personal details**

Full name:..... Date of birth:.....

Home address.....

.....

Tel:..... Fax:.....

Mobile Number.....

Email:.....

Work address if no DX.....

.....

Tel:..... Fax:.....

E-mail:.....

At which address is it most appropriate for us to contact you?

.....

What is your National Insurance no.?

.....

### **2. Relationship information**

Date of marriage:.....

Date of start of any cohabitation:.....

If separated, date of separation.....

If living together, do you wish to consider separation?.....

Do you think that the relationship has broken down permanently?.....

Have you and your husband/wife discussed divorce?.....

If so, have you reached any agreement about divorce?.....

### 3. Children

Please give the following information about the children you and/or your husband/wife/partner have:

**1st child:**

Name:..... Date of birth:.....

If relevant, current place of education:.....

Any special needs?.....

**2nd child:**

Name:..... Date of birth:.....

If relevant, current place of education:.....

Any special needs?.....

**3rd child:**

Name:..... Date of birth:.....

If relevant, current place of education:.....

Any special needs?.....

**4th child:**

Name:..... Date of birth:.....

If relevant, current place of education:.....

Any special needs?.....

*Please continue on a separate page if there are more than four children, or any other dependants.*

Who are the children currently living with?.....

If you are separated from the other parent, do the children have contact with him/her?.....

Do you have Parental Responsibility for the children?      Yes  No  Not sure

Is Parental Responsibility an issue?                              Yes  No  Not sure

Are the children aware of the situation between you and your husband/wife/partner?.....

#### 4. Other dependants

Please give the following information concerning any other dependants/people you care for:

Name/s:.....

Any special needs?.....

#### 5. Preliminary financial outline

*Please give the following preliminary information. If you want to consider financial issues, we will give you a detailed financial form to complete.*

##### The property where you live:

Address (if different from home address in Question 1)

.....  
.....

Is this the property where you and your husband/wife/partner live or lived together?.....

Is it rented or owned?                      Rented                            Owned     

In whose name is it?                      Joint                            Sole       Whose sole name?.....

If owned, estimated current value..... and mortgage balance .....

##### Employment:

What is your occupation?.....Current salary (gross).....

If employed, name of employer.....

If self-employed or in partnership, estimate of current annual earnings.....

To what date are accounts available?.....

##### Other sources of income:

Do you have any other sources of income? If so, estimated amount.....

and source.....

(No further details required at this stage.)

## 6. Professional representation and support

Have you had any counselling or therapy relevant to the relationship problems?  
If so, from whom? Was it individual, as a couple, or as a family?

.....

Are you still having counselling or therapy?.....

Have any other professional services been involved with your family e.g. Social  
Services? If so, please indicate when and where.....

.....

## 7. Legal proceedings

Have any court proceedings started? If so, what proceedings, in what court, and  
what stage has been reached?

.....

.....

Is there a pending hearing date for any proceedings? If so, what is it?.....

Has a Child Support Assessment or maintenance order been sought or made in  
relation to any child? If so, please give details.....

.....

Has an order been made, sought or threatened to protect any member of the  
family or their property? If so, please give details.....

.....

## 8. Outline of issues for discussion

Might you want to address or receive information on any of the following? (but  
this indication will not limit the issues that can be discussed in the mediation):

Future of the relationship Yes  No Not sure

Arrangements for separation Yes  No  Not sure

Review of existing agreement or order Yes  No  Not sure

Any question of behaviour, threat or abuse Yes  No  Not sure

Parental responsibility for children Yes  No  Not sure

Any other issues concerning children Yes  No  Not sure

Financial/property issues Yes  No  Not sure

Meetings are ordinarily held with both parties  
together. Does this create any concerns for you?  Yes  No  Not sure  
Do you feel able to discuss this openly?  Yes  No  Not sure

**9. Your aims in the collaboration process**

Please say what your aims are in the collaborative process. We appreciate that you may need to know more from us, but it would help to have some preliminary idea of what you hope to achieve in broad terms, not in detail.

Signed.....

Date.....