**PRELIMINARY INFORMATION FORM**

**Confidential**

*Thank you for considering family consultancy. This form is designed to provide preliminary information about you and your situation to assist me in planning the right process for you.*

*Please provide the following information before the initial meeting and bring the completed form to your first appointment. It is important that you complete Section 8, which relates to your aims for family consultancy as this assists me in understanding what you hope to achieve.*

*Information given on the form and at any assessment meeting is* ***confidential*** *and will not be shared with any (ex-) partner or other party unless you give me permission to do so. In particular, your contact details will not be disclosed.*

1. **Personal details**

Full name:

Surname at birth (if different):

Date of birth:

Home address:

Work address:

Home Tel: Work Tel:

Mobile: Email:

Please indicate which addresses or numbers you would prefer me to contact you on.

By whom were you referred?

# **Relationship information (please complete A, B, OR C)**

Name of your husband/wife partner:

**A: If you are/were married:**

Date of marriage Date you started living together

If separated, date of separation

If divorced, date of Decree Nisi Date of Decree Absolute

Do you think the marriage has broken down irretrievably? Yes/ No

Are you currently involved in divorce or other Court proceedings? Yes/No

If yes, what stage has been reached?

If you were married previously, please give brief details:

**B: If you are/were not married to your partner/child’s other parent:**

Date you started living with your (ex) partner, if at all:

If separated, date of separation:

If you were married previously, please give brief details:

C: If the other party is someone other than your (ex) partner or spouse:

What is your relationship to the other party involved?

What is your relationship to any relevant children listed over the page?

Who are the other members of your household?

Are you seeking a permanent separation or a divorce? Yes/ No

Have you and your husband/wife/partner discussed divorce/separation? Yes/No

If so, have you reached any agreement about divorcing or separating? Yes/No

1. **Children**

**Please give the following information concerning any children you and/or your husband/wife/partner may have even if they are not the subject of any dispute**

**First Child:**

Name:

Date of birth: Age:

Place of education:

Any special needs or issues?

**Second Child:**

Name:

Date of birth: Age:

Place of education:

Any special needs or issues?

**Third Child:**

Name:

Date of birth: Age:

Place of education:

Any special needs or issues?

**Fourth Child:**

Name:

Date of birth: Age:

Place of education:

Any special needs or issues?

With whom are the children living?

Are the children aware of the situation?

Are there specific issues about the children you would like to address in Family Consultancy?

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

Is Parental Responsibility an issue? Yes / No / Not sure

1. **Other dependants**

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

Name(s):

Any special needs:

1. **Professional representation and support**

Are you represented by a solicitor? If so, what is his/her name and address?

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 ever been involved with your family e.g. Social

Services? If so, please indicate when and where

1. **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

**7. What is important for you to discuss or have information about?**

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

Issues concerning co-parenting ☐ Yes ☐ No ☐ Not sure

Parental responsibility for children ☐ Yes ☐ No ☐ Not sure

Transitioning from partners to co-parents ☐ Yes ☐ No ☐ Not sure

Communication ☐ Yes ☐ No ☐ Not sure

Questions/information about behavior/threat/harassment/harm or abuse

 ☐ Yes ☐ No ☐ Not sure

Family Consultancy is usually conducted with both of you present together. Does this create any concerns for you?

 ☐ Yes ☐ No ☐ Not sure

Do you feel able to discuss this openly? ☐ Yes ☐ No ☐ Not sure

**8. Your aims for family consultancy**

Please tell us what you think your main objectives are likely to be in family consultancy. We appreciate that you need to know more about the process from us, but it would help us to have some idea of what you hope to achieve with our help. **Please do not provide information or send copies of correspondence that cannot be mentioned in discussion with you both or copied to one another.** (This does not apply to a private address or telephone number if you wish to keep this confidential from your partner/former partner)

**Further information and notes**

Thank you for taking the time to complete this form. I look forward to meeting you.