

Hong Kong Family Welfare Society
Family Mediation Service
Referral Form

<u>Internal Use</u>
Case Assigned: _____
Date: _____
MS Sign: _____
B.U. Date: _____

Referring Agency / Service Unit : _____
 Reference Number : _____
 Tel No./ Fax No. : _____

1. Particulars of the couple

	Male Party	Female Party
	Put a 「✓」 in front of the principal client of referrer	
Name (Chinese) (English)	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____
I.C. Number	_____	_____
Age / Date of Birth	_____	_____
Tel. No. (Home) (Office) (Pager / Mobile Phone)	_____ _____ _____	_____ _____ _____
Address	_____	_____
Education Level	_____	_____
Occupation	_____	_____
Monthly Income	_____	_____
Year of marriage/Cohabitation	(Year, e.g. 1980)	
Date of separation /divorce (if applicable)	(Year/month, e.g. 1980/07)	
Remarks: (Please specify disability / illness & other relevant information)	_____	_____

2. Family Composition

(i.e. children and other family members living with male party/female party/both parties)

	Name	Relationship with		Sex	Age/ D.O.B.	Education / Occupation (Position)	Living with (Please 「✓」 where is applicable)			
		Male party	Female party				Male party	Female party	Both party	Others (please specify)
1.										
2.										
3.										
4.										
5.										

3. Brief History of Couple Relationship

3.1 Major reason(s) for divorce/separation: _____

3.2 Person who initiated divorce/separation: _____

3.3 Divorce petition filed/ not filed, if filed, specify the date/family court number: _____

3.4 Domestic violence/ Suspected abuse : **NIL/ Yes** if yes, specify time, event, whether reported to the police:

4. Intensity of Conflict (Cross out the inapplicable): **low/ medium/ high**

5. Particular Concerns Both Parties Intend to Settle through Mediation Service:

5.1 Male Party

5.2 Female Party

6. Preference of Location *Please write 1-3 with 1 as the highest priority

(Only applicable to those who do not need to appoint a specific Mediator and subject to the final arrangement of Mediation Centre)

- Mediation Centre (HK Western)
North Point
Shamshiuipo
Shun Lee (Kwun Tong)
- Kwai Fong
Tseung Kwan O
Shatin

7. Remarks: (e.g. Recommendation for fee remission)

Signature of Referrer : _____ Name of Referrer : _____

Date : _____ Position of Referrer : _____

Please send or fax to the Centre from which the service users would receive the Service.