

Hong Kong Family Welfare Society — Family Mediation Service

Enquiry/ Intake/ Referral Form

1. **Source of referral:** Self approached Referred by: Referring Firm/ Service Unit: _____
 Name and position of referrer: _____
 Tel. no./ Fax no.: _____

2. **Particulars of the couple**

	Male party	Female Party
Date of enquiry/intake		
Name (Chinese)		
(English)		
Age / Date of Birth		
Years of residence in HK		
Contacts	(Mobile Phone) <input type="checkbox"/> WhatsApp	(Mobile Phone) <input type="checkbox"/> WhatsApp
	(Home/Office)	(Home/Office)
	Email Address	Email Address
Address		
Education Level		
Occupation		
Monthly Income		
Need for Fee Remission		
Nationality		
Year of marriage/cohabitation (delete as appropriate)	(Year, e.g. 1980)	
Date of separation /divorce (delete as appropriate)	(Year/month, e.g. 1980/07)	
Court proceedings	<input type="checkbox"/> Yes (Court Case no. _____) <input type="checkbox"/> N.A. Date of next court hearing: _____	
Legal Representative	<input type="checkbox"/> Private Lawyer/ <input type="checkbox"/> LAD/ <input type="checkbox"/> Applying LAD <input type="checkbox"/> In-Person	<input type="checkbox"/> Private Lawyer/ <input type="checkbox"/> LAD/ <input type="checkbox"/> Applying LAD/ <input type="checkbox"/> In-Person

	Male party	Female Party
Name of Solicitor		
Law Firm		
Tel No.		
Email Address		
Reference Number of Law Firm		
Health issues, please specify(if applicable)		
History of usage of social services		
Time available for interviews		

3. 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.										

4. Brief History of Couple Relationship:

	Male Party	Female Party
Major reason(s) for divorce/separation		
Person who initiated divorce/separation (put "✓")		
Domestic violence/ Suspected abuse: NIL/ Yes→ if yes, specify time, event, whether reported to the police, Injunction Order:		

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

	Male party	Female Party
Child Custody		
Child Access		
Financial Support for Spouse		
Financial Support for child(ren)		
Accommodation/Property		
Financial Matters		
Others		

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 (Sai Ying Pun)
 North Point
 Shamshuipo
 Kwai Fong
 Shun Lee (Kwun Tong)
 Tseung Kwan O
 Yau Tong

Remarks: _____

Name of Intake mediator/
 Referrer: _____

Signature of Intake mediator/
 Referrer: _____

Date: _____

Internal use:

Mediation Case number: _____

Case Category: Chest HYAB MC

Suitable for Live Supervision: MP Yes No FP Yes No

Suitable for Mentorship: Yes No FP Yes No

Case assigned to : (HKFWS mediator/ VM/ PFM) _____

Supporting mediator (if applicable): _____

Supervisor: _____

Date: _____