

Hong Kong Family Welfare Society
Community Mediation Service
Referral Form

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

1. Particulars of both parties

	First Party	Second Party
Name (Chinese)	_____	_____
(English)	_____	_____
Relationship with other party		
Age / Date of Birth		
Tel. No. (Home)	_____	_____
(Office)	_____	_____
(Mobile Phone)	_____	_____
Address		
Education Level		
Occupation		
Monthly Income		
Remarks: (Please specify other relevant information e.g. disability / illness, legal service receiving, etc.)		

2. Nature of Disputes:

- i. Sharing of financial provisions and care arrangement for the elderly parents
- ii. Accommodation arrangement of family members/ relatives
- iii. Disputes over maintenance, division of assets or financial issues
- iv. Disputes on collaboration among colleagues and division of works
- v. Others (Please specify: _____)

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

3.1 Brief history of dispute / Issues of dispute (Please attach relevant information if applicable)

3.2 First Party

3.3 Second party

4. Remarks

4.1 Orders or court decisions in relation to the captioned dispute if any:

4.2 Date of the coming court hearing

4.3 Others

Signature of Referrer : _____ Name of Referrer : _____

Date : _____ Position : _____

Please send/fax/e-mail to:

Address: Hong Kong Family Welfare Society
Western Garden, 80A, First Street, Sai Ying Pun, Hong Kong.
Telephone No.: 2561 9229 Fax: 2811 0806
E-mail add: mediationcentre@hkfws.org.hk