|  |  |  |
| --- | --- | --- |
| **Client full name** | |  |
| **Client email (email is our preferred method of contact)** | |  |
| **Client mobile** | |  |
| **Client postcode and postal address**  **Date of Birth** | |  |
| **Please note any client communication needs e.g. no digital access / no mobile / requires interpreter or other support** | | |
| **What is the best time of day to reach the client?** | | |
| **Brief description of the services the client may need.** | | |
| **Court involvement? Please describe.** | | |
| **Solicitor’s name and contact details.**  **Is your solicitor applying for legal aid on your behalf or are you paying for our services yourself?**  **Do we have permission to contact your solicitor to get information about any court hearings/procedure etc?** | | |
| **Are any other services supporting the client right now? It is helpful to know if the client has any relevant support. We may ask the client’s permission to liaise with other services later.** | | |
| **Brief details of the client’s separation, divorce or other reason for wanting mediation or family connections services: when did the separation occur | names and dates of birth of children | last time you had contact with the children (for non resident parents/ party)** | | |
| **Is your client the resident parent, non resident parent or other relationship to the children?** | | |
| **Does your client feel safe in relation to the other parent / other person? Please outline any safety concerns.**  **Are there any bail conditions or other factors which may affect contact? Please Detail.** | | |
| Are any of the social circumstances below affecting your client? We take these into account when prioritising our caseload and allocation of cases to staff – we do not need detail her as we can ask more when we contact the client. **(Delete any that do not apply)**  Insecurely housed | homeless | sofa surfing friends/relatives | refuge | temp accommodation  Money worries | Debt | Benefits upheaval  Employment / unemployment  Family conflict  Health concerns | Mental health concerns | Stress  Other Parent not coping | Client not coping | Children not coping | | |
| **Contact Details For Other Party**  This may be an ex-partner or relation such as parent/grandparent  **Name:**  **Contact detail:** (phone number preferably, email address or postal address):  If you don’t know their details, we could ask their solicitor, if you know who that is, or your solicitor so as to provide with any relevant information.  **Permission to contact the other party or their solicitor: Yes/No**  **Any other information you feel is relevant** | | |
| **Your name (Referrer)** |  | |
| **Referrer contact details** |  | |
| How do you want us to keep in touch regarding progress? Please confirm client has given permission for this) | | |

Please send this form to [info@familyjourneys.scot](mailto:info@familyjourneys.scot)

The date of your email will be logged as the date of first contact for your client. We may have a waiting list for services but we always do our best to keep in touch with clients on our waiting list.