**Mediation Request Form**

**Teach Oscail Family Resource Centre**

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| **Individual Requesting Mediation** |
| **Name:** |  |
| **Adress:**  |  |
| **D.O.B** |  | **Age:**  |
| **Telephone Number:**  |  | **Mobile:**  |
| **Email Address:**  |  |
| **Date Requesteding:** |  |
| **Request Completed by:****(PlEASE SIGN IN BOLD)**  |  |
| **Type of Mediation been requested ? Family Mediation**  **Seperating Couples**  **Seperating Couples (Co – Parenting)**  **Mediation Reconciliation**  **Community / Neighbours Mediation**  |
| **(Please answer all questions below)** |
| **Are there any Court orders in Place? Yes No**  |
| **If Yes, please indicate which order? Barring Order Safety Order Protection Order**  |
| **What date was the Court Order Issued?**  |
| **Is the other party aware that you are seeking Mediation? Yes No**  |
| **Is the other party agreeing to Mediation ? Yes No**  |
| **Is the other party aware that they will be contacted by a Mediator ? Yes No**  |

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| **2nd Parties Details For Mediation**  |
| **Name:** |  |
| **Adress:**  |  |
| **D.O.B** |  | **Age:**  |
| **Telephone Number:**  |  | **Mobile:**  |
| **Email Address:**  |  |

**If you have any further queries please email** **jbarry@teachoscailfrc.ie**

**A Mediator will be in contact to access if suitable for Mediation.**

**Please return to: Teach Oscail FRC, 31 Church Street, Cavan.**