**Mediation Request Form**

**Teach Oscail Family Resource Centre**

|  |  |  |
| --- | --- | --- |
| **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** | | |

|  |  |  |
| --- | --- | --- |
| **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**](mailto: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.**