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| **DISPUTE RESOLUTION**  **SEPARATED PARENTS INFORMATION PROGRAMME**  **REFERRAL FORM** | | | | |
| Before booking you onto a SPIP we have to ask some routine questions to make sure that the SPIP is right for your situation.  If you answer yes to any of the questions below, the SPIP is unlikely to be appropriate at this time | | | | |
| Is there a current court case? | **Yes/No** | | | |
| Is there a current Non Molestation or Occupation Order? | **Yes/No** | | | |
| Do you believe that you or your child(ren) have experienced or are at risk of experiencing harm? | **Yes/No** | | | |
| **Name of parent** |  | | | |
| **Address** | Post code | | | |
| **Email address** |  | | | |
| **Telephone number** |  | | | |
| **Mobile number** |  | | | |
| **Name of other parent** |  | | | |
| **Address** | Post code | | | |
| **Email address** |  | | | |
| **Telephone number** |  | | | |
| **Mobile number** |  | | | |
| **Age/s of child/ren** |  | | | |
| **Current Status**  **Please delete if not applicable** | Married to child’s parent  Yes/No | Separated  Yes/No | Never together x  Yes/No | In the process of separating  Yes/No |
| **Disability or special requirements (Please let us know)** | |  | | |
| **Solicitor**  **Name/Firm and contact details (if Yes)** | | Yes/No | | |
| **The SPIP focuses on the impact of conflict on children and looks at ways of managing that conflict. Please let us know why you would like to attend a SPIP**: | | | | |
| **Please let us know how you heard about the SPIP:** | | | | |