

reunite International Child Abduction Centre

Questionnaire for Parents

If you are interested in taking part in mediation with **reunite**, we will need to know a little more about you. It would be most helpful if you would complete this questionnaire and return it to us.

Your full name Other parent’s full name

Date of completion.....

Completing this questionnaire does not mean you are bound to enter into mediation

Children’s Details Involved In Case

Full name of eldest child

Date of Birth

Nationality

Full name of second child

Date of Birth

Nationality

Full name of third child

Date of Birth

Nationality

Father’s Full Name

Date of Birth

Nationality

Address

.....

Country

Telephone Number (incl. area code)

E-mail Address:

Skype address

Mother's Full Name

Date of Birth

Nationality

Address

.....

Country

Telephone Number (incl. area code)

E-mail Address:

Skype address

Details of your lawyer in your own country

Company Name

Lawyer's Name

Full Postal Address

.....

Telephone Number

Email Address

Does your lawyer speak English? YES/ NO

May we have permission to speak to your lawyer if appropriate? YES/NO

Please delete as appropriate and sign: Date:

Details of your lawyer in the UK

Company Name

Lawyer's Name

Full Postal Address

.....

Telephone Number

Email Address

May we have permission to speak to your lawyer if appropriate? YES/NO

Please delete as appropriate and sign: Date:

Details of your barrister

Company Name

Barrister's Name

Details of child/ren's school (s)

Name

Address

.....

.....

Telephone Number (incl area code)

May we have permission to contact them if appropriate? YES/NO

Please delete as appropriate and sign Date

Is there any further information you wish to provide in connection with the children? YES/NO
If YES, please use this space.

Other information about you

Are there other children in your household? YES/NO

If yes, what are their ages and their relationship to the child/ren?

Age..... Relationship to child/ren

Age..... Relationship to child/ren

Age..... Relationship to child/ren

Please state your first language

Do you speak English? YES/NO/A little (please delete as appropriate)

Do you require an Interpreter? YES/NO

Do you have any additional requirements? YES/NO
If YES, please use this space

Is there any further information you would like to give us? YES/NO
If YES, please use this space

Is there any further information you need from **reunite**? YES/NO
If YES, please use this space

Thank you for completing the questionnaire, please return it to:

reunite International Child Abduction Centre
P.O. Box 7124
Leicester, LE1 7XX, UK

Tel: + 44 (0)116 2555 345
Fax: + 44 (0)116 2556 370
Email reunite@dircon.co.uk

If you or your lawyer require any further information please contact **reunite**.

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