

**The Hong Kong Catholic Marriage Advisory Council
Marriage Mediation Counselling Service Centre**

Unit 101-105, M2 Level, Tsui Cheung House, Tsui Ping (North) Estate, Kwun Tong, Kowloon
Telephone No. : 2782 7560 Fax No. : 2385 3858 Email address: mmcs@cmac.org.hk

Internal Use

Case Assigned: _____
Date: _____
Signature of Supervisor: _____

Referral Form

Name of referrer: _____ (Eng) _____ (Chinese) Position of referrer: _____

Referring Agency/Service Unit/Law firm: _____

Tel No./ Fax No./ Email: _____ / _____ / _____

1. Particulars of the Parties

	Male Party	Female Party
	Put a 「✓」 in <input type="checkbox"/> for the principal client of referrer (if applicable)	
Name (Chinese) (English)	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____
H.K.I.D Number		
Age/ Date of Birth		
Contact Tel. No.		
Home Address		
Education Level		
Occupation		
Salary		
Use of Language		
Year of Marriage / Cohabitation		(Year, e.g. 1990)
Date of Separation / Divorce (if applicable)		(Year / month, e.g. 1990/01)

2. Family Members (i.e. children and other significant family members living with the parties)

	Name	Relationship	Age / Sex	Education / Occupation (Position)	Living with (Please 「✓」 wherever applicable)		
					Male Party	Female Party	Others : (Pls. specify)
1.							
2.							
3.							
4.							

3. Intensity of Conflict between the Parties:

Low Medium High (Pls specify the major conflict : _____)

4. **History and Present Situation of the Marriage and the Children :**

5. **Areas of Concern :**

6. **Emotional Situation of Both Parties and the Children :**

7. **Suffering from illness/addiction and present treatment :**

8. **Any Violence Occurred (Yes / No) :**

9. **Service being rendered by referrer:**

10. **Service Requested:**

Family Mediation Coparenting Counselling Others (pls. specify): _____

11. **Remarks and Other Information :**

Name of Worker : _____ Name of Supervisor : _____

Signature of Worker : _____ Signature of Supervisor : _____

Date : _____ Date : _____

◆ Signature of Supervisor is necessary.

◆ Please send this referral to us by email mmcs@cmac.org.hk or fax 2385 3858. Thank you!