

**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

Referral Form

Internal Use

Enquiry No: _____
Case Assigned to: _____
Date: _____
Signature of Supervisor: _____

Information of Referrer:

Name: Mr./Ms. _____ (Chinese) _____ (Eng) Position: _____

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)	
Chinese Name	<input type="checkbox"/> _____	<input type="checkbox"/> _____
English Name	_____	_____
H.K.ID Number		
Age & Date of Birth	()	()
Contact Tel. No.		
Email Address		
Home Address		
Education Level		
Occupation		
Salary		
Use of Language		
Date of Marriage / Cohabitation		
Date of Separation / Divorce (if any)		

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

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

3. Intensity of Conflict between the Parties:

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

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 physical and/or mental illness/addiction and present treatment:**

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

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

10. **Legally aided? (For Family mediation cases):**

Yes (Ref: _____) No Application in progress

11. **Remarks and Other Information:**

12. **Service Requested (Please choose ONE ONLY):**

Separation/Divorce Mediation Information about Divorce Divorce Decision Counselling
 Child Counselling Others (pls. specify): _____

Signature of Worker: _____

Signature of Supervisor: _____

Name of Worker: _____

Name of Supervisor: _____

Position: _____

Position: _____

Date: _____

Date: _____

◆ Signature of Supervisor is necessary.

◆ Please send this referral to us by email mmcs@cmac.org.hk or fax 2385 3858 and call us to confirm receipt of referral.