

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

(07/2021)

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 Marital Review 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!