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**Anti-Social Behaviour (ASB) Mediation Referral Form**

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| Referring Officer: | ***Date:*** |
| ASB / TM Officer: | Area Housing office Tel: |

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| --- | --- | --- | --- | --- |
| Pre meet 1 | Joint agreed | Pre -meet 2 | Joint agreed | Agreement made: |

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| --- | --- | --- | --- | --- |
| Client Information: Party 1 | | | | |
| Name: | | | Email: Phone: | |
| Address:  Post Code: | | | | |
| Number in household | Adults: | | | Children: |
| Employment status: unknown | | | | |
| Ethnic origin: Religion: Gender: | | Age:  Sexuality: | | |
| Disability: | | Accessibility requirements(including language | | |
| Has he/she been consulted about mediation? YES √ NO | | Is he/she willing to engage with this service? YES √ NO | | |
| \*Risks: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Information: Party 2** | | | | | |
| Title and Full Name: | | | | Email: | | |
| Address:  Post Code: | | | | | | |
| Home phone: | | Other phone: | | | | |
| Number in household | Adults: | | | | Children: | |
| Employment status: unknown | | | | | | |
| Ethnic origin:  Religion: Gender: | | Age:  Sexuality: | | | | |
| Disability: None | | | Accessibility requirements(including language): | | | |
| Has he/she been consulted about mediation? YES √ NO | | Is he/she willing to engage with this service? YES √ NO | | | |
| *\*Risks:* | | | | | |

**PLEASE ENSURE THAT ALL THE SECTIONS BELOW ARE FILLED IN COMPLETELY BEFORE SENDING IT TO:**

**camden.asb@victimsupport.org.uk.**

**On a document that is password protected or send by CJSM secure email to: Jeanne.conry@victimsupport.cjsm.net and include in both referral pathways risk assessments for each witness**

Case Summary:

Please give a BRIEF outline of the dispute and highlight any issues of particular concern or any known risks, also explain location of both parties to each other, e.g. live directly above or below the other.

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