

## Holistic Family Mediation & Coaching

with Sushma Kotecha

## Holistic Divorce Coaching Pre-session questionnaire

Please answer as many questions as you can. Some questions may not be relevant to your situation in which case please leave blank or mark as 'N/A'

Full name:	Date of birth:
Ex-partner's name:	Their date of birth:
Home address:	Telephone numbers -
	Main:
	Other:
	Your occupation:
E-mail address:	Ex-partner's occupation:

Please complete the relevant sections:

Date started living together:	Date of marriage or civil partnership:	Date of separation:
Do you think your relationship has broken down completely?		Yes/No/Not sure
Does the other person agree?		Yes/No/Not sure
Is reconciliation an option you wish to consider?		Yes/No/Not sure
Do you think counselling or therapy could be of help to you?		Yes/No

Maria and a same a same and a same and a same and a same and a same a same a same and a same a same	0
If you are married or in a civil partnership, are you looking	Separation / Divorce /
for a permanent separation, divorce, dissolution or neither?	dissolution / Neither
Are you living with a new partner or if you are divorced,	Yes/No
have you remarried? If so, please give details.	100/140
l liave you remained? If so, please give details.	
Llava divarea proceedings been started?	Vac/Na/Natangliaghla
Have divorce proceedings been started?	Yes/No/Not applicable
If so, by which one of you and at what stage are the	
proceedings?	
proceedings:	
Have there been any Court proceedings at any stage	Yes/No
between you and the other person?	
Source   John Strice   Person	
Manager and a second second and a second and a second and a second as second	
If so, please give details including date and orders made:	
	<u>L</u>
FIRST CHILD:	
	Male / Female
FIRST CHILD: Full name:	Male / Female
Full name:	
	Male / Female Age:
Full name:	
Full name:  Date of birth:	
Full name:	
Full name:  Date of birth:	
Full name:  Date of birth:	
Full name:  Date of birth:	
Full name:  Date of birth:  School:  SECOND CHILD:	Age:
Full name:  Date of birth:  School:	
Full name:  Date of birth:  School:  SECOND CHILD:  Full name:	Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD:	Age:
Full name:  Date of birth:  School:  SECOND CHILD:  Full name:	Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD:  Full name:  Date of birth:	Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD:  Full name:	Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD:  Full name:  Date of birth:	Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD: Full name:  Date of birth:  School:	Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD:  Full name:  Date of birth:	Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD:  Full name:  Date of birth:  School:	Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD: Full name:  Date of birth:  School:  THIRD CHILD:	Age:  Male / Female  Age:
Full name:  Date of birth:  School:  SECOND CHILD: Full name:  Date of birth:  School:  THIRD CHILD: Full name:	Age:  Male / Female  Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD: Full name:  Date of birth:  School:  THIRD CHILD:	Age:  Male / Female  Age:
Full name:  Date of birth:  School:  SECOND CHILD: Full name:  Date of birth:  School:  THIRD CHILD: Full name:	Age:  Male / Female  Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD: Full name:  Date of birth:  School:  THIRD CHILD: Full name:	Age:  Male / Female  Age:  Male / Female
Full name:  Date of birth:  School:  SECOND CHILD:  Full name:  Date of birth:  School:  THIRD CHILD:  Full name:  Date of birth:	Age:  Male / Female  Age:  Male / Female

Please consider and provide answers to the following questions:
In which areas of your life would you like to make change?
What especially would you like to change about each area, and why?
What specifically have you done or tried so far to make this happen (if anything)?
What worked and what didn't?
What do you think/feel or believe is holding you back from making this change?
What would be the first or easiest step for you to take now?

What is the biggest fear, challenge or obstacle you face about this change?
What do you hope to achieve by working with a coach?
How would you like me to support you in making this change?
Let's assess your commitment to change and ensure you are ready and willing to make it happen. Read each statement below and score your truth from 1 to 10:
1. How important is (this change) to you out of 10?
2. How ready are you to make this goal/dream a reality out of 10?
3. How confident do you feel to achieve this with the right support and with my help out of 10?