

Nottinghamshire Women's Aid Referral Form Family Court Support Service



Nottinghamshire Women's Aid Ltd Family Support Service provides gender based support and advice to **women and children** involved in family and civil court proceedings where domestic abuse is a presenting or historical factor.

The aim of the service: To support women to advocate for the safety of their children that are subject to court proceedings, safeguard against perpetrators using the court process as a means of continuing their controlling behaviour and reduce the risk of the Courts making Orders which could increase the risk of harm or death to mothers and their children.

The Family Court Support Service will provide independent, objective listening and support to women and children to include but not limited to:

- Increasing awareness of rights and options for both mother and children
- One to one support for children
- Providing children with age appropriate information about the court process
- Safety at Court to include separate entrance/exit and waiting area
- Pre Court Hearing visits
- Discussions around feelings and emotions regarding domestic abuse and the Court process
- McKenzie Friend service for unrepresented mothers
- Working in partnership with CAFCASS and Social Care
- Advocacy for children and mothers engaging with partner agencies
- Providing expert reports for the Court
- Risk assessments of the safety and wellbeing of mothers and children
- Signposting and referrals to other services

Eligibility criteria for this service:

- The mother and child(ren) consent to the referral
- The family reside in the districts of Bassetlaw, Mansfield or Newark and Sherwood

How to submit this referral: Referrals can be made directly to the service and sent to the secure email address: ldva.courts@nottswa.cjsm.net. Referral forms can be found on the NWAL website: www.nottswa.org. If you have any questions about our

service, eligibility criteria, or how to make a referral please contact the Court IDVA/Family Court Support Service Team Leader, Marie Bower, on 07525232695.

Referrer's details:

Referral date:	
Referrer's name:	
Organisation name:	
Role/job title:	
Contact number:	
Email address:	
How did you find out about our service?	<div style="text-align: right;"> Flyer/poster [] TV/Radio [] Online [] Word of mouth [] Made a referral before [] Use the service before [] NDVH [] Another service [] Other [] </div>

Reason(s) for referral:

Has the adult survivor's consent been sought for the referral?	<div style="text-align: right;"> Yes [] No, not sought [] No, not safe to seek [] </div>
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Mother's information:

Client details:			
First name			
Last name			
Other names			
What do they like to be called?			
DOB			
NI Number (if known)			
Address:			
Current address			
Current Local Authority			
Local Authority of origin (if different)			
Does the perpetrator live at this address?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>		
Safe contact notes:			
Contact information:			
	<i>Details</i>	<i>Safe to contact?</i>	
Phone		<input type="checkbox"/>	
Email		<input type="checkbox"/>	
Safe contact notes			
Next of kin – who can we contact in an emergency?:			
Name		Relationship	
Contact information			
Safe contact notes			
Accessibility requirements:			
Does this client have any accessibility requirements (for example, hearing loop, braille documents)	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	<i>If yes, please provide details:</i>	
Does this client require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	<i>If yes, please provide details:</i>	
Equalities monitoring:			
How would this client describe their gender?	Female <input type="checkbox"/> Male <input type="checkbox"/> In another way: _____		
Is their current gender different to the sex they were assigned at birth?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
Do they consider themselves to have any kind of disability? (please tick any that apply)	Physical <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health <input type="checkbox"/> Deaf/ hearing impaired <input type="checkbox"/> Blind/ visually impaired <input type="checkbox"/> Something else: _____ Don't Know <input type="checkbox"/>		
How would they describe their ethnicity?			

<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Gypsy or Irish Traveller <input type="checkbox"/> Any other White background <input type="checkbox"/> Asian British <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Chinese <input type="checkbox"/> Arab	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/ multiple background <input type="checkbox"/> Black British <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other Black background Other (please specify): _____ <input type="checkbox"/> Don't Know
Do they have a faith/ religion?	
<input type="checkbox"/> No religion <input type="checkbox"/> Bahai <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Jain	<input type="checkbox"/> Muslim <input type="checkbox"/> Shinto <input type="checkbox"/> Sikh <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know
What is their relationship status? (tick one option)	<input type="checkbox"/> Civil partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting but not married/ CP <input type="checkbox"/> In a relationship (not cohabiting) <input type="checkbox"/> Widowed <input type="checkbox"/> Single
What is their sexual orientation? (tick one option)	<input type="checkbox"/> Heterosexual/ straight <input type="checkbox"/> Gay woman/ Lesbian <input type="checkbox"/> Gay man <input type="checkbox"/> Bisexual Something else: _____ <input type="checkbox"/> Don't Know
Are they pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Support needs/vulnerabilities:	
<input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Health	<input type="checkbox"/> Substance misuse <input type="checkbox"/> Offending
Additional details:	
What is this client's nationality? (If not British National) What is their immigration status?	
(If not a British National) Do they have access to Public Funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Child(ren)'s information:

Please complete a separate section for each child:	
First Child:	
First name	
Last name	
Other names	

What do they like to be called?	
DOB	
Gender	
Address	
School/college/nursery	
Are children's services involved? If so, level/nature of involvement:	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Does this client have any accessibility requirements (for example hearing loop, braille documents)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Does this client require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Disabilities/health needs	
If the client is under 18 , has parent/carer consent been sought for the referral?	Yes <input type="checkbox"/> No, not sought <input type="checkbox"/> No, not safe to seek <input type="checkbox"/>
Second Child:	
First name	
Last name	
Other names	
What do they like to be called?	
DOB	
Gender	
Address	
School/college/nursery	
Are children's services involved? If so, level/nature of involvement:	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Does this client have any accessibility requirements (for example hearing loop, braille documents)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Does this client require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Disabilities/health needs	

If the client is under 18 , has parent/carer consent been sought for the referral?	Yes <input type="checkbox"/> No, not sought <input type="checkbox"/> No, not safe to seek <input type="checkbox"/>
Third Child:	
First name	
Last name	
Other names	
What do they like to be called?	
DOB	
Gender	
Address	
School/college/nursery	
Are children's services involved? If so, level/nature of involvement:	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Does this client have any accessibility requirements (for example hearing loop, braille documents)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Does this client require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Disabilities/health needs	
If the client is under 18 , has parent/carer consent been sought for the referral?	Yes <input type="checkbox"/> No, not sought <input type="checkbox"/> No, not safe to seek <input type="checkbox"/>
Fourth Child:	
First name	
Last name	
Other names	
What do they like to be called?	
DOB	
Gender	
Address	
School/college/nursery	
Are children's services involved? If so, level/nature of involvement:	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Does this client have any accessibility requirements (for example hearing loop, braille documents)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:

Does this client require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:
Disabilities/health needs	
If the client is under 18 , has parent/carer consent been sought for the referral?	Yes <input type="checkbox"/> No, not sought <input type="checkbox"/> No, not safe to seek <input type="checkbox"/>

Perpetrator's details:

Please complete as much information as possible:	
First name	
Last name	
Other names	
Address	
DOB	
Gender	
Ethnicity	
Borough of origin	
Relationship to survivor/child(ren)	
Does the perpetrator has parental responsibility for the child(ren)?	
Solicitor's details:	

Solicitor's details:

Solicitor representing mother:	
Name of Solicitor/Legal Executive	
Firm address	
Firm contact number	
Solicitor's/Legal Executive's email address:	

Court information:

Please complete as much information as possible:	
Nature of proceedings	
Court venue	
Court case number	
Date application filed with the court	
Court hearing date	
Type of hearing	

Thank you for taking the time to complete this referral.