

MEDIATION REFERRAL FORM FOR CLIENTS

Your Details:

Full Name: Tel:

Address: Email:

Preferred contact time/method:

Do you have a solicitor acting? If so, please provide details:

Name of Firm: Tel:

Name of Fee Earner: Email:

Address: Reference:

Other Party's full name: Tel:

Address: Email:

Preferred contact time/method:

Do they have a solicitor acting? If so, please provide details:

Name of Firm: Tel:

Name of Fee Earner: Email:

Address: Reference:

Preferred contact time/method:

Have any proceedings been started? Yes/No If yes, what stage have they reached?

What do you wish to mediate?: Children Finances Divorce Separation

If children matters, please provide the full names and dates of birth of all children:

Full Name	Date of Birth	Living with

Is this a case involving allegations of domestic abuse? Yes/No If Yes, please provide further details

Is there any further information regarding safeguarding or otherwise that the mediator should be aware of?