

MEDIATION REFERRAL FORM FOR SOLICITORS

Referring Solicitors: DX:
Name of Firm: Tel:
Name of Fee Earner: Email:
Address: Reference:

Your Client's Details:

Full Name: Tel:
Address: Email:

Preferred contact time/method:

Other Party's Solicitors: DX:
Name of Firm: Tel:
Name of Fee Earner: Email:
Address: Reference:

Other Party's full name: Tel:
Address: Email:

Preferred contact time/method:

Have any proceedings been started? Yes/No If yes, what stage have they reached?
What do the parties 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 |
|-----------|---------------|-------------|
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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?