

FAMILY MEDIATION REFERRAL FORM

Thank you for your referral, please complete all sections in type or block capitals and return to us.

SECTION 1 – Your Details

Name:	
Address:	Home Tel No:
Email:	Mobile Tel No:
	Work Tel No:
Name of Solicitor Representing:	
Name of Firm:	
Address of Firm:	Tel no:
	DX:

SECTION 2 – Other Party’s Details

Name:	
Address:	Home Tel No:
Email:	Mobile No:
	Work Tel No:
Name of Solicitor Representing:	
Name of Firm:	
Address of Firm:	Tel no:
	DX:

Please tick the appropriate box to indicate the type of appointment wanted:			
<input type="checkbox"/>	Individual appointment with a mediator.		
<input type="checkbox"/>	Joint appointment with the mediator and the other person.		
<input type="checkbox"/>	Do you consent to us contacting the other party?		
Please indicate the outstanding issues by ticking the relevant boxes:			
<input type="checkbox"/>	Residence of children	<input type="checkbox"/>	Contact with children
<input type="checkbox"/>	Finance/property	<input type="checkbox"/>	All of these
<input type="checkbox"/>	Other (please detail)		
Preferred venue for mediation:			
<input type="checkbox"/>	Havant	<input type="checkbox"/>	Southampton