

FAMILY MEDIATION SOLICITOR'S 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:	Tel No:
Email:	Fax No:
	DX No:

SECTION 2 – Client's Details	
Name:	
Address:	Home Tel No:
Email:	Mobile Tel No:
	Work Tel No:

SECTION 3 – 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:

	YES	NO	
Is this a referral under LSC s29 Funding Code?			
Is this a referral for a Mediation Information and Assessment Meeting?			
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"/>	Does your client 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