

## MEDIATION REFERRAL

### DETAILS:

|                       |                       |
|-----------------------|-----------------------|
| Your Client's name:   | Other party/parties   |
| Address:              | Address:              |
| Daytime Telephone No: | Daytime Telephone No. |
| Email:                | Email:                |

|                  |                                  |
|------------------|----------------------------------|
| Solicitors Name: | Solicitors Name: (if known) None |
| Address:         | Address:                         |
| Tel No:          | Tel No:                          |
| Fax No:          | Fax No:                          |
| Email:           | Email:                           |
| Ref:             | Ref:                             |

### CHILDREN:

| Name | Age | Residing with |
|------|-----|---------------|
|      |     |               |

|   |          |
|---|----------|
| <b>Is your client willing to attend an information meeting to consider the mediation process?</b> | YES / NO |
| <b>Is the other party aware of the referral?</b>  | YES / NO |
| <b>Would your client like an initial meeting on his/her own?</b>                                  | YES / NO |
| <b>Are there any issues relating to domestic violence or abuse?</b>                               | YES / NO |

|   |  |
|---|--|
| <u>What are the issues to be addressed?</u><br><br><input type="checkbox"/> Children issues only?<br><input type="checkbox"/> Property and Finance?<br><input type="checkbox"/> All issues? | <u>OFFICE /AREA:</u><br><br><input type="checkbox"/> Leigh<br><input type="checkbox"/> Culcheth<br><input type="checkbox"/> Newton |
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