

MEDIATION SELF-REFERRAL

DETAILS:

Your name:	Other Person:
Your Address:	Their Address:
Your Daytime Telephone No:	Their Daytime Telephone No.
Your Email:	Their Email:

Your Solicitors Details:	Their Solicitors Details: (if known)
Address:	Address:
Tel No:	Tel No:
Fax No:	Fax No:
Email:	Email:
Ref:	Ref:

YOUR CHILDREN:

Name	Age	Residing with

Are you client willing to attend an information meeting to consider the mediation process?	YES / NO
Is the other person aware of the referral?	YES / NO
Would your client like an initial meeting on your own?	YES / NO
Are there any concern relating to domestic violence or abuse?	YES / NO

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