

# Family Mediation Referral Form

Private and Public Funded Mediation Assessment

mediation:works



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**What to do next?**

**return this form**

✉ Email to

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or 📠 Fax to

020 8479 8009



Reg Charity No: 1074796

## From

Referrer's Name		
Firm/Organisation Name		
Address		
	Postcode	
Referrer's Email		Referrer ref:
Telephone		

## My Client is

My Client's Name		Title	Mr
Address			
	Postcode		
Daytime Telephone			
Mobile Telephone			
Email			
Date of Birth			
Status	Legally aided? <input type="checkbox"/>	Privately Funded? <input type="checkbox"/>	Don't know <input type="checkbox"/>

## The Other Party is

Other Party's name		Title	Mr
Address			
	Postcode		
Daytime Telephone			
Mobile Telephone			
Email			
Date of birth			
Status	Legally aided? <input type="checkbox"/>	Privately Funded? <input type="checkbox"/>	Don't know <input type="checkbox"/>

## Details of Other party's solicitor (if any)

Name of Solicitor			
Name of Firm			
Address			
	Postcode		
Email			
Telephone			

## Children

Name		DOB		M <input type="checkbox"/>	F <input type="checkbox"/>
Name		DOB		M <input type="checkbox"/>	F <input type="checkbox"/>
Name		DOB		M <input type="checkbox"/>	F <input type="checkbox"/>
Name		DOB		M <input type="checkbox"/>	F <input type="checkbox"/>

## Type of Mediation sought

All issues  Property and Finance only  Children only  Other

## Date of referral

2010