



positivefamilymediation

SOLICITORS REFERRAL FORM

Your Name	
Your Firm Name	
Your Reference	
Address	
DX	
Telephone	
Fax	
Email	

Client Name	
Address	
Telephone	
Mobile	
Email	

Would your client prefer an individual appointment before we contact the other party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO is your client willing to attend a joint first meeting with the other party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is this a referral for a Mediation Information and Assessment Meeting? Yes No

We are happy to contact your client direct. If the mediation proceeds, we will confirm the appointment details with you. It would be helpful if you could provide us with the other party's details.

Name	
Address	
Telephone	
Mobile	
Email	
Solicitor Name	
Firm Name	
Reference	
Address	
DX	
Telephone	
Fax	
Email	

Preferred Venue for mediation

Issues for mediation

Children Property & Finance Divorce/Separation All Issues

Please give details of any children

	Name	Date of Birth	Living with	School	Special health Education Needs
1					
2					
3					

Date of marriage, civil partnership or cohabitation	Date of Separation
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Key Dates:

Are there any current Court proceedings?

YES / NO

Date of next hearing:

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Are there any relevant court orders?

YES / NO

If **YES** - type & date of Order:

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Has a petition been filed?

YES / NO

Date of decree nisi:

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Date of decree absolute:

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Please give brief description of issues for mediation

It is crucial we are told about safety or other issues, such as domestic violence before clients attend the initial meeting. Please set out below details of any injunction proceedings and any concerns the clients may have: (e.g. mental health, domestic violence, child protection)
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Signature of referrer.....Name.....

Please return to Positive Family Mediation Ltd, 26 Market Place, Warwick CV34 4SL or

Email: joanne@positivefamilymediation.co.uk Telephone 0844 800 2060