

# Solicitors Mediation Referral Form



Date: \_\_\_ / \_\_\_ / \_\_\_

Your Name \_\_\_\_\_  
Your Firm Name \_\_\_\_\_  
Your Reference \_\_\_\_\_  
  
Address \_\_\_\_\_  
  
Postcode \_\_\_\_\_  
  
DX \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Client Name \_\_\_\_\_  
  
Address \_\_\_\_\_  
  
Postcode \_\_\_\_\_  
  
Telephone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

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 below. Unless you specifically tell us otherwise, we will also contact them.

Name \_\_\_\_\_  
  
Address \_\_\_\_\_  
  
Postcode \_\_\_\_\_  
  
Telephone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

Solicitors Name \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Reference \_\_\_\_\_  
  
Address \_\_\_\_\_  
  
Postcode \_\_\_\_\_  
  
DX \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Preferred venue for mediation:  Petersfield  Emsworth  North End  Hayling Island  
 Chichester  Wickham  Fareham

Issues for mediation:  Children  Property & Finance  Divorce/Separation  All issues  
 Consultation with children

Please tick here if your client is already in receipt of legal help:

Is this a referral under the LSC s.29 funding code?  Yes  No

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

Are there proceedings or injunctions?

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It is crucial that we are told about safety or other issues, such as domestic violence before clients attend the initial meeting. Do either of the clients have any concerns about:

	Yes	No	If yes, please explain
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	_____
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any special facilities required? If so please specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Mediation Now?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name ..... Signed ..... Date .....

Please return this form by post or email to Mediation Now, Antrobus House, 18 College Street, Petersfield, Hants, GU31 4AD  
Email: [info@mediation-now.co.uk](mailto:info@mediation-now.co.uk)