

DATE OF REFERRAL:						
YOUR CLIENT'S DETAILS:			OTHER PARTY'S DETAILS:			
Name:			Name:			
Date of Birth:			Date of Birth:			
Address:			Address:			
Post Code:			Post Code:			
Home Tel No:			Home Tel No:			
Work/Mobile No:			Work/Mobile No:			
Email Address:			Email Address:			
Solicitor Contact Name:			Solicitor Contact Name:			
Firm:			Firm:			
Address:			Address:			
Post Code:			Post Code:			
Tel No:			Tel No:			
Email:			Email:			
Any safety concerns?						
If the other party is unwilling to mediate, do you require:				FM1 form	YES	NO
CASE DETAILS						
Married?	Yes	No	Date:			
Separated?	Yes	No	Date:			
Divorcing?	Yes	No	If YES , date of Decree Nisi:			
			Date of Decree Absolute:			
Date of any Financial Remedy Hearing:						
Any relevant Court Orders or Applications?	Yes	No	If YES , please give details:			
CHILDREN						
First Name	Date of Birth	With whom living				
POTENTIAL AREAS FOR MEDIATION (please tick below)						
Pre-separation issues		Main home (Residence)				
Visiting (Contact)		Other Child Issues				
Finance & Property		Other, please specify				