

MEDIATION REFERRAL FORM

PLEASE COMPLETE THE FOLLOWING FORM ON BEHALF OF YOUR CLIENT AND RETURN TO THE RELEVANT MEDIATION SERVICE PRIOR TO YOUR CLIENT'S FIRST APPOINTMENT. IT IS ESSENTIAL THAT YOUR CLIENT SPEAKS DIRECTLY WITH THE MEDIATION SERVICE TO ARRANGE THE APPOINTMENT.

YOUR DETAILS

Your Firm's Name

Address

.....

.....

.....

DX Number

Telephone No

Fax No

Your Referenceemail:

YOUR CLIENT'S DETAILS

Name of Client

Address

.....

.....

.....

Telephone No

Date of Birth/...../..... National Insurance No

Date of marriage to other party, if married

Is address confidential from other party? YES / NO

Is the client willing for partner to be contacted? YES / NO

FORMER PARTNER'S DETAILS

Name

Address

.....

.....

.....

Telephone No

Solicitor's Name

Address

.....

.....

.....

DX Number

Telephone No

Fax No

Reference **email:**

CHILDREN'S DETAILS

NAME	AGE / DoB	M/F	WHOM LIVING WITH

DETAILS FOR MEDIATION

Is this referral under Legal Services Funding? YES / NO

Have any Court proceedings commenced? YES / NO

If so, what proceedings, in which Court and what stage has been reached?

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Date of Separation

Date of Decree Nisi

Date of Decree Absolute

Type of Mediation sought: (Please tick as relevant)

Issues on Children _____

Issues on Property _____

Both _____

Has there been any history (alleged or actual) of violence,
harassment, intimidation or child protection concerns?

YES / NO

Signature of Referrer

Print Name

Position in Firm

Date

Please send/fax completed form, as appropriate, to:

**LEONARD GRAY MEDIATION
CENTRE FOR MEDIATION
74 DUKE STREET,
CHELMSFORD, ESSEX CM1 1JY
TEL: 01245 264764
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