



DATE OF REFERRAL:

YOUR CLIENT'S DETAILS

Name:

Date of Birth:

Address

Post Code:

Home Tel No.

Work/Mobile No.

Email address:

Solicitor Contact Name:

Firm:

Address:

Post Code:

Tel. No:

Email:

Any requirements about us contacting either client?

Any safety concerns?

If the other party is unwilling to mediate, do you require

CLSAPP7 form

YES

NO

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 Ancillary Relief Hearings:

Any relevant Court Orders or applications? Yes No

If **YES**, please give details:

Children

First Name	Date of Birth	With whom living
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

POTENTIAL AREAS FOR MEDIATION

Pre separation issues

Main home (Residence

Other, please specify:

Visiting (Contact)

Other Child Issues

Finance & Property