

Please complete all questions and return to us via post/email/fax.

Are there domestic abuse issues that might prevent mediation taking place
(If YES please give details below)

Yes No

Party 1

Party 2

Title
Address

Postcode

Home Tel No

Mobile Tel No

E-Mail address

Date Of Birth

Solicitors Details

Firm/Organisation

Postcode

Tel No

Fax No

E-Mail address

Any special requirements Yes No
Please give details
e.g. Lifts, Interpreter, etc.

Yes No

Legal Status married / cohabiting / wider family members / etc

Type of Cases children issues / finance & property issues / all

Child(ren)Names	D.O.B.	Gender	Living with?
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Any Social Services involvement Yes No Any Court proceedings Yes No

Is the other party aware of the referral? Yes No Please provide any further information on the continuation sheet if required

For marketing purposes it would be helpful to know how you heard of our service