Simply Mediation Referral Form

Please complete this form on behalf of your client and return this to us PRIOR to your clients first appointment. Kindly ask your client to call us directly to arrange the appointment.

|  |  |
| --- | --- |
| Your Firms Name |  |
| Address |  |
| Post Code |  |
| DX Number |  |
| Telephone Number |  |
| Your Ref |  |
| Your email |  |

Your Client's Details

|  |  |
| --- | --- |
| Name of Client |  |
| Address |  |
| Post Code |  |
| Telephone Number |  |
| Email |   |
| DOB  |  |
| National Insurance Number |  |
| 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 Partners Details

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone No |  |
| Email |  |
| Solicitors Name |  |
| Address |  |
| Post Code |  |
| DX Number |  |
| Telephone Number |  |
| Reference |  |
| Email |  |

Children's Details

|  |  |
| --- | --- |
| Name(s) |  |
| DOB |  |
| Male/Female |  |
| Whom Living With |  |

Details for Mediation

|  |  |
| --- | --- |
| Have any court proceedings been commenced | Yes / No |
| If yes, what proceedings, in which court and what stage has been reached? |  |
| Date of Separation |  |
| Date of Decree Nisi |  |
| Date of Decree Absolute |  |
| Type of Mediation Sought (Please Tick) |
| Issues on Children |  | Issues on Property |  | Both (AIM) |  |
| Has there been any history (alleged or actual) of violence, harassment, intimidation or child protection concerns? | Yes / No |
| Any disabilities? | Yes / No |

|  |  |
| --- | --- |
| Signature of Referrer |  |
| Print Name |  |
| Position in Firm |  |
| Date |  |

|  |
| --- |
| Please Send/Email Completed Form To: |
| Simply Mediation39 Alexandra StreetSouthend On SeaEssexSS1 1BW | Email: info@simply-mediation.co.ukTelephone: 07432 680103 |