



Acorn House 371 Midsummer Boulevard Central Milton Keynes
MK9 3HP Tel: 01908 231293 Fax: 01908 690211
Email-enquiries@mediationmk.org.uk

REFERRAL FORM

| | | |
|--|-----------------------|-------------|
| Name of referring solicitor: | | |
| Firm: | Address: | |
| Telephone No.: | | |
| What type of mediation is required? Child Only / Finance and Property / Both | | |
| Please give a brief description of issues for mediation? | | |
| <u>Client 1 details:</u> | | |
| Name: | Date of Birth: | Occupation: |
| Address: | Ethnicity: | |
| Home telephone no.: | Mobile telephone no.: | |
| Work telephone no.: | E-mail.: | |
| Is your client willing for the mediation service to contact Client 2 in order to ascertain whether they would be prepared to attend an assessment meeting and consider mediation? YES / NO | | |
| <u>Client 2 details:</u> | | |
| Name: | Date of Birth: | Occupation: |
| Address: | Ethnicity: | |

Home telephone no.:
Work telephone no.:

Mobile telephone no.:
E-Mail.:

Client 2 Solicitor:
Name and Firm if known

Children's Details:

| Name | Age / D.O.B. | M / F | Living with |
|------|--------------|-------|-------------|
| | | | |

Key dates:

Date of marriage / start of relationship:

Date of separation:

Are there any current court proceedings?

Dates of future hearings:

Are there any relevant court orders:

Are there any Domestic Violence issues / Restraining Orders?

Has a petition for divorce / judicial separation been filed?

Date of decree nisi:

Date of decree absolute:

Is a court welfare report currently being prepared? YES / NO

Other relevant information:

Special needs:

| |
|--|
| Interpreter / Disabled access / Other please specify |
| Signed: |
| Print name: |

PLEASE SEND/EMAIL COMPLETED FORM TO –
Mediation MK,
Acorn House, 371 Midsummer Boulevard, Central Milton Keynes, MK9 3HP.
e-mail: enquiries@mediationmk.org.uk
Please copy for further supplies