



Solicitors Referral Form

Please answer the following:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does the client require Form FM1? (If so client must attend MIAM) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you want us to arrange an appointment for your client? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you want us to conduct a 'willingness test' for client 2? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has your client received Legal Help? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have CAFCASS or Social Services been involved (if so please provide details below)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Has your client been referred to us previously? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Client 1	Client 2
NI Number	NI Number
Address:	Address:
Email:	Email:
Home tel:	Home tel:
Wok tel:	Wok tel:
Mobile:	Mobile:
(Please give details of convenient times to call)	(Please give details of convenient times to call)
Occupation:	Occupation:
Any special needs? (Ie wheelchair access, interpreter)	Any special needs? (Ie wheelchair access, interpreter)
Joint/Separate pre-mediation interview?	Joint/Separate pre-mediation interview?



Solicitors Details Name: Name of firm: Address/DX: Tel: Email:	Solicitors Details Name: Name of firm: Address/DX: Tel: Email:																				
Date of cohabitation/marriage:	Date of separation:																				
Children: <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Name:</th> <th style="text-align: left;">Gender M/F</th> <th style="text-align: left;">Age/DOB</th> <th style="text-align: left;">Resident with Mother/Father</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name:	Gender M/F	Age/DOB	Resident with Mother/Father	1)				2)				3)				4)			
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1)																					
2)																					
3)																					
4)																					
Details of new partners: 																					
Brief outline of situation: 																					



Reading Family Mediation

Helping you fit the pieces together

Issues for mediation:			
1) Pre-separation issues	<input type="checkbox"/>	5) Communication	<input type="checkbox"/>
2) Residence	<input type="checkbox"/>	6) Finance and property	<input type="checkbox"/>
3) Contact	<input type="checkbox"/>	7) All issues	<input type="checkbox"/>
4) Parental responsibility	<input type="checkbox"/>	8) Other	<input type="checkbox"/>

Please return completed form to: