

## MEDIATION REFERRAL FORM

PERSON REFERRED	OTHER PERSON
<b>Name:</b>	<b>Name:</b>
DoB:	DoB:
Address:	Address:
Tel no:	Tel no:
Email:	Email:
Eligible for Public funding:	Eligible for Public funding:
Special needs:	Special needs:
a) Physical:	b) Physical:
c) Learning difficulties/mental health:	d) Learning difficulties/mental health:
If yes, please state what facilities or assistance may be needed:	If yes, please state what facilities or assistance may be needed:
<b>Solicitor details</b>	<b>Solicitor details</b>
<b>Name:</b>	<b>Name:</b>
Firm name:	Firm name:
Reference	Reference
Tel. No.:	Tel. No.:
Email:	Email:
<b>Relationship Details</b>	
Date of cohabitation:	
Date of marriage:	
Date of separation:	
Stage in legal proceedings (if applicable):	

**Children's Details**

Name	M/F	Date of Birth	Age	Living with	Child of previous relationship?

Is the other person aware of this referral? Y/N

Is the other person willing to attend mediation Y/N/Not known

How do you or your client wish the meeting to be arranged?

a) Separately Y/N                      b) Jointly Y/N

If jointly, does the other person agree? Y/N

Has there been any Social Services/Social Care/CAFCASS involvement in the past or now? Y/N

If yes, please give details:

**Areas for mediation:**

Divorce/dissolution		Separation	
Children		Financial	
Other			

**Outline of current situation:**

Date:

Signed:

Kate Lovegrove  
Consultant Mediator

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