

Mediation Referral Form

About You

About the other person

Title		
First name(s)		
Surname		
Address		
Postcode		
Home Phone		
Work Phone		
Mobile Phone		
E-mail address		
National Insurance No		
Date of Birth		
Occupation		
If you have a solicitor, please give name, firm name and address		

Date of marriage, civil partnership or co-habitation		Date of separation	
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Do you think your marriage/relationship has broken down completely?

Are you seeking: Separation Divorce

Have you and your partner discussed divorce? Yes No

If so, have you reached any agreement?

Please give details of any children:-

	Name	Date of Birth	Living with	School	Special health needs
1.					
2.					
3.					
4.					

Children over 18 years old - Are they living at the family home and do they contribute to household expenses?

Issues for Mediation

Please indicate all issues that might apply (this will not limit the issues that can be discussed in mediation):

	Yes	No	Not sure
Future of the relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangements for separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of existing order or agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any question of behavior, threat or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental responsibility for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other issues concerning children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial/Property issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aims for Mediation

Please would you say what your aims and objectives are in coming to mediation. We appreciate that you may need to know more from the mediator, but it helps to have a preliminary idea of what you hope to achieve, in brief:

Occasionally there is a situation in which a member of a family or their property may need the protection of a court order, for example, where there has been or might be a problem involving violence. If you think this does, or could, apply to you, please say so here:

Do we have your permission to contact the other person now? Yes No

Please indicate the best time for an appointment:

Days	Times
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Are there any days/times to avoid?

Days	Times
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Is this a joint application? If so, is it agreed by the other person? Yes No

Name Signed Date

Please return this form by post or email to Rebecca Todd, Daltons, Lyndum House, 12 High Street, Petersfield, Hants GU32 3JG
Email: mediation@daltons-law.co.uk

In mediation information provided by each person is shared with you both. Please do not send any information or documents in with this form that cannot be referred to in discussions with you both. The only exception would be an address or telephone number that you wish to be kept confidential.

We will be in contact with you to organise the first intake meeting, where we will explain the process, cost and answer queries. We may be able to start the process at that meeting, but generally we can use it to help start setting your priorities for future meetings