

## **FLG MEDIATION MEDIATION REFERRAL FORM**

<b>CLIENT 1</b>		<b>CLIENT 2</b>	
NAME		NAME	
DOB		DOB	
ADDRESS		ADDRESS	
POSTCODE		POSTCODE	
HOME		HOME	
MOBILE		MOBILE	
E-MAIL		E-MAIL	
Special Needs	Physical Health Mental Health Not applicable	Special Needs	Physical Health Mental Health Not applicable
Funding	Private Legal Aid Not known	Funding	Private Legal Aid Not known
Any History of domestic abuse		Any History of domestic abuse	
Details of any court proceedings			
Court welfare or any other Social Agency involvement		Court welfare or any other Social Agency involvement	
Preferred office	Nottingham Chesterfield Derby Loughborough	Preferred office	Nottingham Chesterfield Derby Loughborough
Issues to be discussed	Children DCC Finances All Issues	Issues to be discussed	Children DCC Finances All Issues
Potentially suitable for mediation			
If not, why not			

Further relevant information			
Party 2 aware of referral?			
Can party 2 be contacted?			

<b>SOLICITOR</b>		<b>SOLICITOR</b>	
NAME		NAME	
ADDRESS		ADDRESS	
POSTCODE		POSTCODE	
TELEPHONE		TELEPHONE	
REFERENCE		REFERENCE	
E-MAIL		E-MAIL	
Source of referral			
Further Information			

Please e-mail completed form to [slockson@familylawgroup.co.uk](mailto:slockson@familylawgroup.co.uk)