**REFERRAL FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant** | |  | **Other Party** | |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Post Code:** |  | **Post Code:** |  |
| **Work Tel:** |  | **Work Tel:** |  |
| **Home Tel:** |  | **Home Tel:** |  |
| **Mobile:** |  | **Mobile:** |  |
| **Email:** |  | **Email:** |  |
| **Date of Birth:** |  | **Date of Birth:** |  |
| **Occupation:** |  | **Occupation:** |  |
| **NI Number:** |  | **NI Number:** |  |
| **Referral From:** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Areas of Mediation** (please tick appropriate box)**:** | | | | | |
| **Children Issues** |  | **Property &**  **Finance** |  | **All Issues** (includes Children’s Issues and Property and Finance) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Solicitor’s Details** (if applicable) | |  | **Solicitor’s Details** (if applicable) | |
| **Name:** |  | **Name:** |  |
| **Firm:** |  | **Firm:** |  |
| **Address:** |  | **Address:** |  |
| **Post Code:** |  | **Post Code:** |  |
| **Tel No:** |  | **Tel No:** |  |
| **Fax No:** |  | **Fax No:** |  |
| **Email:** |  | **Email** |  |
| **DX No:** |  | **DX No:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Children Details:** | |  | **Children Details:** | |
| **Forename:** |  | **Forename:** |  |
| **Surname:** |  | **Surname:** |  |
| **Living With:** |  | **Living With:** |  |
| **Date of Birth:** |  | **Date of Birth:** |  |
| **Children Details:** | |  | **Children Details:** | |
| **Forename:** |  | **Forename** |  |
| **Surname:** |  | **Surname:** |  |
| **Living With:** |  |  | **Living With** |  |
| **Date of Birth:** |  |  | **Date of Birth:** |  |

|  |
| --- |
| **Current Details:** |
| Are there any Court Orders? Yes No  Are there restrictions on your address or phone number? Yes No  Any other dependents – Please provide details Yes No  Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of marriage/Co-habitation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Separation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you willing to wait in the same waiting room? Yes No  Are Social Services or Family Court Welfare involved? Yes No  Is there a history of domestic abuse or intimidation? Yes No  Are any special facilities required, for example due to a disability? Yes No  Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does either party require an interpreter? Yes No  Are you on benefit or low income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the other party aware of this referral? Yes No |

|  |
| --- |
| **Solicitor/Third Party or Agency Referral:** |
| **Which client would you like us to contact first?**  **Both**  **Client 1 Only**  **Client 2 Only**  **Is this a MIAMS referral under the Pre-Application Protocol?**  (If mediation does not proceed, will your client require from us a Form FM1 for Yes No  Court purposes?)  Prefer Joint MIAM? Y/N Prefer separate MIAM? Y/N  MIAM to proceed as Joint or Separate? Joint Separate  Any other relevant information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your details if not provided elsewhere|