**REFERRAL FORM**

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| **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:** |  |  |  |  |

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

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| **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:** |  |

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| **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:** |  |

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| **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 NoIs there a history of domestic abuse or intimidation? Yes No Are any special facilities required, for example due to a disability? Yes NoDetails \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does either party require an interpreter? Yes NoAre you on benefit or low income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is the other party aware of this referral? Yes No |

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| **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 NoCourt purposes?)Prefer Joint MIAM? Y/N Prefer separate MIAM? Y/NMIAM to proceed as Joint or Separate? Joint SeparateAny other relevant information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your details if not provided elsewhere\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |