



OFFICE USE ONLY	
Ref:	
Date Rec'd	

Please return this form by either fax, email attachment or by post.

FUNDING		
	Yes	No
Section 29		
Legal Help & Help at Court		

PARTIES DETAILS			
First Party		Second Party	
Name D.O.B Address		Name D.O.B Address	
Home Tel Work Tel: Mobile Tel		Home Tel Work Tel Mobile Tel	
Special Needs :		Special Needs :	
Physical Mental		Physical Mental	
(N.B. Facilities for the Disabled are available by prior arrangement)			

Availability for Interview	Availability for Interview

SOLICITORS DETAILS			
Name Address		Name Address	
Reference: Tel No: Fax No:		Reference Tel No: Fax No:	

DETAILS

Date of Cohabitation:	
Date of Marriage:	
Date of Separation:	

Childrens Details

Name	Where Resident	Age	D.O.B

(Please place a Cross in the box that corresponds with your answer)

1. How does your Client wish the initial meeting to be arranged?

Separately	
Jointly	
If jointly, is the other party likely to agree?	Yes
	No

2. Please outline the situation:

3. Is there a Degree of Urgency?

Yes

No

Why?

4. Has the Divorce Court Welfare Service or any other Social Agency been involved either now or previously?

Yes

No

If Yes, please give details.

5. Have the other Party's Solicitors agreed to referral?

Yes

No

Unkown

6. Is the other Party aware of the referral?

Yes

No

Unkown

7. Is the other party willing to attend Mediation?

Yes

No

Unkown

8. Areas/Issues for Mediation									
Divorce	<input type="checkbox"/>	Separation	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Children	<input type="checkbox"/>	Other	<input type="checkbox"/>

Referred by:	
Address	
Signed:	