



Solicitor Mediation Referral Form

VR Family Mediation

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Information on this form would not normally be shared with the other mediating party, however your client's contact details including their address and email address may appear on joint documents and emails. If they would like any information to be withheld, please confirm at the confidentiality section.

Referrer's Details

Your name	
Firm's name	
Your email address	
Your telephone number	

Your client's details

Full name	
Date of birth	
Family name at birth (if different)	
Home address	
Email	
Preferred contact number	

Details of the other mediating party

Full name	
Date of birth	
Family name at birth (if different)	
Home address	
Email	
Preferred contact number	

Are you aware if the other party may be willing to attempt mediation?	
Are they consulting a solicitor?	Yes No Not sure
If yes, please provide the following details; Name Firm Email address Telephone Number	

Children and other dependants

First Child Name			
Gender	Male	Female	
Date of Birth			
Any special needs/disabilities? If so, please give details			

Second Child Name			
Gender	Male	Female	
Date of Birth			
Any special needs, including/disabilities? If so, please give details			

Third Child Name			
Gender	Male	Female	
Date of Birth			
Any special needs/disabilities? If so, please give details			

Fourth Child Name			
Gender	Male	Female	
Date of Birth			
Any special needs/disabilities? If so, please give details			

With whom is/are the child(ren) currently living?			
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Outline of issues the parties wish to resolve

Property and Finances	Yes	No	Not sure
Children	Yes	No	Not Sure
Relationship breakdown issues	Yes	No	Not Sure
Divorce and/or separation	Yes	No	Not Sure
Emotional/communication issues	Yes	No	Not Sure
Other? Please give details			

Any further information you feel we need to be aware of including any concerns regarding domestic abuse.

Confidentiality

Please tick this box if you would like us to keep your client's home or correspondence address, email address or telephone number confidential from the other mediating party.

Signed _____

Dated _____

If you are completing this form electronically, please insert your electronic signature or alternatively, type your name in the signature box.

Supplementary Information