

Mediator: Tasha Bevan-Stewart

Phone (01252) 622422

Email tbevanstewart@watson-thomas.co.uk

MEDIATION

CLIENT REFERRAL FORM

PERSON REFERRED	OTHER PERSON
Name:	Name:
<i>DoB:</i>	<i>DoB:</i>
<i>Address:</i>	<i>Address:</i>
<i>Post Code:</i>	<i>Post Code:</i>
<i>Home tel. no.:</i>	<i>Home tel. no.:</i>
<i>Mobile no:</i>	<i>Mobile no:</i>
<i>Email:</i>	<i>Email:</i>
<i>Eligible for Public funding: Yes/No</i>	<i>Eligible for Public funding: Yes/No</i>
<i>Special Needs:</i>	<i>Special Needs:</i>
<i>a) Physical:</i>	<i>b) Physical:</i>
<i>c) Learning Difficulites/Mental Health:</i>	<i>d) Learning Difficulites/Mental Health:</i>
<i>If yes, please state what facilities or assistance may be needed:</i>	<i>If yes, please state what facilities or assistance may be needed:</i>
Solicitor details	Solicitor details
Name:	Name:
Firm name:	Firm name:
Reference	Reference
Tel. No.:	Tel. No.:
Fax No:	Fax No:

Director: Rachel Watson

Email:	Email:
Relationship Details	
Date of cohabitation:	
Date of Marriage:	
Date of Separation:	
Stage in Legal Proceedings:	

Children's Details

Name	M/F	Date of Birth	Age	Living with	Child of previous relationship?

Is the other person aware of this referral? Y/N

Is the other person willing to attend mediation Y/N/Not Known

How do you or your client wish the meeting to be arranged?

a) Separately? Y/N b) Jointly? Y/N

If jointly, does the other person agree? Y/N

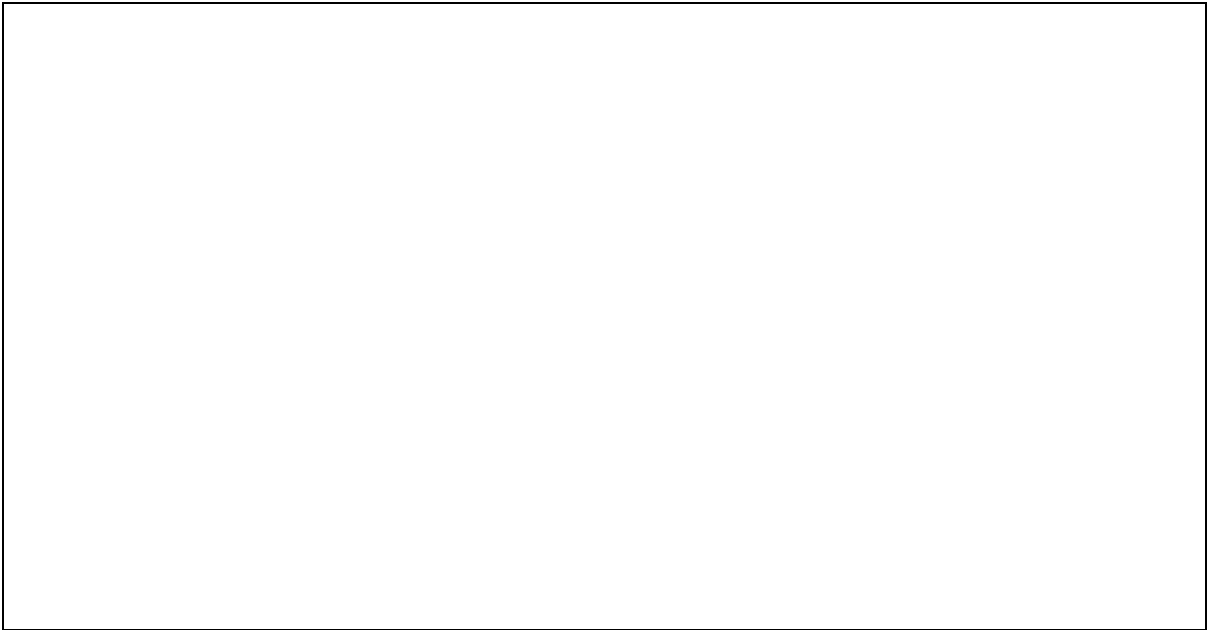
Has there been any Social Services/Social Care/CAFCASS involvement in the past or now?
Y/N

If yes, please give details:

Areas for mediation:

Divorce/dissolution		Separation	
Children		Financial	
Other			

Outline of current situation:



Date:

Signed: