Countrywide Mediation Solicitor's Client Referral Form

Referral to Mediation

Please email to: amityreferrals@gmail.com

Referred under:

Section 29 **(funding code/CLS APP7 & FM1 required if unsuitable/unsuccessful)** ☐

Pre – Application Protocol **(Private Client/FM1 required in unsuitable/unsuccessful)** ☐

Your Client	**Other Party**
Title _____	Title _____
Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Post Code _____	Post Code _____
Telephone _____	Telephone _____
Mobile No. _____	Mobile No. _____
Email _____	Email _____
D.o.B. _____	D.o.B. _____

Case Details: i.e. Financial, Children, all Issues,

If either party has any disability requirement please let us know. Not all offices have wheelchair access. All our documents and letters are available in large print.

Would the client benefit from receiving information in another language? Interpreter required?	Would the client benefit from receiving information in another language? Interpreter required?
Referrer's Solicitor	**Other Party's Solicitor**

Name: Firm: DX: Telephone No:	Name: Firm: DX: Telephone No:
Is Other Party Aware of Referral? **No/Yes**	Is Other Party Aware of Referral? **No/Yes**
Has CAFCASS or any other relevant agency been involved either now or previously **No/Yes**	
Recent or Current Court Proceedings, please give details of court and next hearings:	

Child Referral Form

Please attach this as an addition to our main referral form

All information will be treated in the strictest confidence

Referrers	Name:
	Address:
	Telephone No:

Adult with whom child(ren) reside *(Address if different)*	Name:
	Relationship to Child(ren):
	Address:
	Telephone No:

Name(s) of Child(ren):	**Date of birth**	**Boy/Girl**
Who has parental responsibility? **		

Is the Child(ren) aware of the referral? **Yes/No**
Is the other parent aware of the referral? **Yes/No**

Is there a CAFCASS officer involved currently? **Yes/No**
Name:
Address:
Telephone No:

Additional background information relevant to the contact arrangements i.e. medical conditions and/or disability:
a. Child(ren):
b. Parents:

** Nb. Child Consultation *cannot* take place without the permission of all adults with parental responsibility.

once completed the form is emailed to **amityreferrals@gmail.com**