**About you**

|  |
| --- |
| Firm / Agency:       |
| Contact name:       |
| Address: |       |
| Postcode: |       |
| ☎ Tel:       | Email:       |

**About your client**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this an LSC Funding Code referral? | Yes ☐ | No ☐ |  |  |
| Title: | Mr ☐ | Mrs ☐ | Ms ☐ | Miss ☐ | Other:       | DOB:      |
| First Name(s):       | Surname:       |
| Address: |       |
| Postcode:       |
| ☎ Mobile:       | ☎ Home:       |
| ☎ Work:       | Email:       |
|  |
| Is the client’s address confidential? | yes | ☐ | no | ☐ |

**About the other party**

|  |
| --- |
| Relationship to your client:       |
| Title: | Mr ☐ | Mrs ☐ | Ms ☐ | Miss ☐ | Other:       | DOB:      |
| First Name(s):       | Surname:       |
| Address: |       |
| Postcode:       |
| ☎ Mobile:       | ☎ Home:       |
| ☎ Work:       | Email:       |
| Other party’s solicitor’s name:       |
| Firm:       |
| Address: |       |
| Postcode: |       |
| ☎ Tel:       | Email:       |
|  |
| Is solicitor aware of referral? | yes | ☐ | no | ☐ |
| Is other party aware of referral? | yes | ☐ | no | ☐ |

**Please give details of any children**

|  |  |  |
| --- | --- | --- |
| Name | Date of birth | Currently living with |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Background / Current Situation – please complete as appropriate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Married? | Yes ☐ | No ☐ | Date:      |  |  |
| Lived together since:        | Date of separation:       |
| Are there other agencies involved (CAFCASS, Social Services, other)? | Yes ☐ | No ☐ |
| If yes, please detail:       |
| Are there any current court proceedings? | Yes ☐ | No ☐ |
| Details, inc. date of next hearing:       |
| Are there any issues relating to domestic violence (alleged or actual), child protection, mental health, |
| drug or alcohol abuse or other factors of which we should be aware? | Yes ☐ | No ☐ |
| If yes, please detail:       |

**Requirements for Mediation**

|  |
| --- |
| Issues for mediation – please tick all that apply |
| Contact arrangements ☐ | Residence of children ☐ | Finance / property ☐ |
| Other (please detail):       |
| Preferred location |
|  |
| Single or joint assessment meeting preferred? | Single ☐ | Joint ☐ | Either/unsure ☐ |
| Are there any special needs (eg disabled access / interpreter / other)?       |
| Any further information?       |

**Please send by post, email or fax to:**

The Admin team Aspire Family Mediation

Telephone 01908-966008

Email: jason@mediationrefer.co.uk

**Thank you for referring your client to Aspire Family Mediation Service**