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Office use

CCase No.	
Date	

**About you**

Firm / Agency:	
Contact name:	
Address:	
Postcode:	
Tel:	Email:

**About your client**

Is this an LSC Funding Code referral?      Yes       No

Title:    Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> 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 <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> 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 <input type="checkbox"/>	no <input type="checkbox"/>
Is other party aware of referral?	yes <input type="checkbox"/>	no <input type="checkbox"/>

**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](mailto:jason@mediationrefer.co.uk)

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