

Solicitor's Mediation Referral Form

EJ Coombs Mediation

137 High Street

Billericay

Essex CM12 9AB

Telephone: 01277 286499

Email: vicky@ejcoombs.co.uk

EJ Coombs Mediation

Suite One, Well Lane

Danbury

Essex CM3 4AB

Telephone: 01245 221699

Referrer's Details

Your name.....

The firm.....

The firm's address and telephone number
.....

Email.....

Your client's details

Full name.....

Home address.....

Date of birth.....

Family name at birth (if different).....

NI number.....

Contact telephone no.s.....

Email.....

The Other Party's Details

Full name.....

Home address.....

Date of birth.....

Family name at birth (if different).....

NI number.....

Contact telephone no.s.....

Email.....

Please indicate what you know about whether the other party is willing to attempt mediation
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Is the other party consulting a solicitor?

Yes [] No []

If so, please provide the following information;

His/her name.....

The firm.....

Their address and telephone number
.....

Email.....

IMPORTANT: Are there any issues of protection, violence, safety or abuse which we may need to address?

Yes [] No [] Not sure []

If yes please provide further details.....

Children and other dependants

(Please use supplementary sheet (if necessary))

First Child: Name..... Male/Female.....
 Date of birth..... Place of education.....
 Any special needs?.....

Second Child: Name..... Male/Female.....
 Date of birth..... Place of education.....
 Any special needs?.....

Third Child: Name..... Male/Female.....
 Date of birth..... Place of education.....
 Any special needs?.....

With whom are the children currently living?.....

Outline of issues for mediation

Property and finance	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.....			

Any further information you feel we need to be aware of

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Signed.....

Date.....

Supplementary sheet 1 – Additional Dependants

Children and other dependants (continued)

Fourth Child: Name..... Male/Female.....
Date of birth..... Place of education.....
Any special needs?.....

Fifth Child: Name..... Male/Female.....
Date of birth..... Place of education.....
Any special needs?.....

Sixth Child: Name..... Male/Female.....
Date of birth..... Place of education.....
Any special needs?.....