**National Family Mediation Service Solicitor’s client referral form**



**Referral to Mediation**

**Please email to:** [**amityreferrals@gmail.com**](mailto: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**  Name:  Firm:  DX:  Telephone No: | **Other Party’s Solicitor**  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:** |
| 1. Child(ren): |
| 1. 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**](mailto:amityreferrals@gmail.com)