

# MOORE BLATCH

## MEDIATION

## REFERRAL FORM

Please complete all sections in type or block capital and fax to: 023 8071 8122 or email to [sarah.french@mooreblatch.com](mailto:sarah.french@mooreblatch.com)

| Referring solicitors |      |
|----------------------|------|
| Your name:           | DX:  |
| Your firm:           | Tel: |
| Address:             | Fax: |
| Email:               | Ref: |

| Client's contact details |           |
|--------------------------|-----------|
| Client's full name:      | Work Tel: |
| Address:                 | Home Tel: |
| Email:                   | Mobile:   |

| Please specify issues for mediation:           | Please specify type of appointment required:                   |
|--|--|
| Divorce/separation <input type="checkbox"/>    | Individual appointment with mediator: <input type="checkbox"/> |
| Contact with children <input type="checkbox"/> | Joint appointment <input type="checkbox"/>                     |
| Residence of children <input type="checkbox"/> | (with mediator and both parties):                              |
| Finance and property <input type="checkbox"/>  | MIAM: <input type="checkbox"/>                                 |
| All of these <input type="checkbox"/>          |  |
| Other (please specify):                        |  |

We will contact your client and let you know when we have made an appointment. Please let us have details of the other party below and let us know if we may contact them directly. Please also let us know if violence is an issue, and if it is, please provide details of allegations, injunctions etc.

| Other party's contact details |
|-------------------------------|
| Name:                         |
| Address:                      |
| Email:                        |
| Work Tel:                     |
| Home Tel:                     |
| Mobile:                       |

| Represented by: |
|-----------------|
| Firm name:      |
| Solicitor:      |
| Address:        |
| Email:          |
| DX:             |
| Tel:            |
| Fax:            |
| Ref:            |

| Children details: |
|-------------------|
| Name:             |
| M/F:              |
| DOB/Age:          |
| Residing with:    |
| Name:             |
| M/F:              |
| DOB/Age:          |
| Residing with:    |
| Name:             |
| M/F:              |
| DOB/Age:          |
| Residing with:    |