

## SOLICITOR'S REFERRAL FORM

Email to: [mabh@focus-mediation.co.uk](mailto:mabh@focus-mediation.co.uk)  
 Fax: 01908 675667  
 Tel: 01908 231132

Offices at Milton Keynes, Bedford, Luton, St Albans, Hemel Hempstead, Oxford, North London and Watford – clients will be seen at their nearest branch

<b>First Party</b>  Name: Date of birth: Address:   Tel:    Home Mob  Email: (please let us have this if you possibly can)	<b>Second Party</b>  Name: Date of Birth: Address:   Tel:    Home Mob  Email: (please let us have this if you possibly can)
Public Funding Code Referral <b>Yes / No</b>	APP 7 / FM 1 Required <b>Yes / No</b>
Person referring:- Name of Firm: Address:	Email:  Tel:
What type of mediation?	All issues <b>Yes/No</b> Property and Finance <b>Yes/No</b> Children only <b>Yes/No</b>
Any special circumstances we should be aware of?	domestic violence <b>Yes/No</b>  court proceedings, <b>Yes/No</b>  court dates:  details:
clients with problems such as disability please specify <b>Yes/No</b>	
Anything else?	

We have to make contact with the second party in order to see if they are **WILLING** to come to mediation (*'the willingness test'*). **Help us give a quick service by giving as much information as possible – lack of details can cause delays**

Thank you for your referral.

