

FAMILY REFERRAL FORM

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

<p>First Party</p> <p>Name: Date of Birth: Address:</p> <p>Tel: Home: Mobile:</p> <p>Email: (please let us have this if you possibly can)</p>	<p>Second Party</p> <p>Name: Date of Birth: Address:</p> <p>Tel: Home: Mobile:</p> <p>Email: (please let us have this if you possibly can)</p>
<p>Might this client get legal aid? Yes/No</p>	<p>FM1 Required Yes/No</p>
<p>Person referring:- Name of Firm: Address:</p>	<p>Email: Tel:</p>
<p>What type of mediation?</p>	<p>All issues Yes/No Property and Finance Yes/No Children only Yes/No</p>
<p>Any special circumstances we should be aware of?</p> <p>Clients with problems such as disability please specify Yes/No</p> <p>Anything else?</p>	<p>Domestic violence Yes/No</p> <p>Court proceedings Yes/No</p> <p>Court dates:</p> <p>Details:</p>

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.

