



SHEPHERD HARRIS & CO MEDIATION
Nickel House, 96 Silver Street, Enfield, Middlesex, EN1 3EL
Tel: 0208 363 8341 Fax: 0208 367 7440

Referring solicitor's details if no accompanying letter

Solicitor's name/ref

Firm and address:

.....

Tel No: Email address:

Client's details

Title: Mr, Ms, Mrs, Miss, Dr, Other.....

Name: D.O.B.:

Address:

.....

E-mail Address:

Tel No :

National Insurance number if available :

Occupation :

Does this party require Legal Aid? Yes No

Is address and tel. no confidential from other party? Yes No

Is an interpreter required? Yes No

If an interpreter is required please note that regrettably we will not be able to facilitate the MIAM / Mediation.

The other party's details

Solicitor's name/ref:

Firm and address:

.....

Tel No: **Email address:**

Title: Mr, Ms, Mrs, Miss, Dr, Other.....

Name:

Address:

.....

E-mail Address:

Tel No:

D.O.B/age if known

Occupation

Does this party require Legal Aid? Yes

No

Is an interpreter required for the other party? Yes No

If an interpreter is required please note that regrettably we will not be able to facilitate the MIAM / Mediation.

Do you require an FORM A C100 if Mediation is unsuccessful or does not go ahead?

If so, please tick the relevant box and attach the form to this Referral Form.

Is the Mediation sought concerning:

Children **or** Property/Finance **or** Both

Relationship Details

Date of Marriage/Commencement of relationship:

Date Cohabitation commenced :

Date of Separation :

Does your client believe relationship has broken down permanently Yes No

Court Proceedings

What is applied for/stage of case

Next hearing date

Any other professionals involved with either party/children? If so, please provide details
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Names and ages of children

<u>Name</u>	<u>D.O.B.</u>	<u>Gender</u>
.....
.....
.....
.....
.....
.....

Who do the children live with?

Any additional issues you wish to make us aware of?

(e.g. Domestic abuse, Social Services' Involvement/Mental Health issues)
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