



**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/fax sheet**

Solicitor's name/ref .....

Firm and address: .....

.....

Tel No: ..... Fax No: .....

**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:** ..... **Fax No:** .....

**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 FM1  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**

**Name**

**D.O.B.**

**Gender**

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Who do the children live with? .....

**Any additional issues you wish to make us aware of?**

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

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