



Family Mediation in Sussex

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REFERRAL FOR A FIRST MEETING WITH A MEDIATOR

PLEASE COMPLETE THIS FORM IN CAPITALS

TODAYS DATE :	VENUE REQUESTED:	Public funding assessment meeting YES <input type="checkbox"/> NO <input type="checkbox"/>	PLEASE DO NOT LEAVE THIS SECTION UNCHECKED
CLIENT 1 Applicant Ex / Husband / Wife / Partner / Other		CLIENT 2 Ex / Husband / Wife / Partner / Other	
Title Ms / Mrs /Mr / other SURNAME		Title Ms / Mrs /Mr / other SURNAME	
ADDRESS		ADDRESS	
POST CODE		POST CODE:	
PHONE NOS: Home. Work		PHONE NOS: Home. Work	
MOBILE NO		MOBILE NO	
EMAIL ADDRESS		EMAIL ADDRESS	
Helpful information about client availability or problems Working <input type="checkbox"/> Working away or shifts <input type="checkbox"/> At home with small children <input type="checkbox"/> Appointment in school hours <input type="checkbox"/> Transport / Mobility problems <input type="checkbox"/> Physical or mental health issues <input type="checkbox"/> Other requirements eg Interpreter <input type="checkbox"/> Any allegations of Domestic Violence/Abuse <input type="checkbox"/> Alcohol / Drug abuse <input type="checkbox"/> Mental health issues <input type="checkbox"/>		Please describe as appropriate 	
SOLICITOR		SOLICITOR DETAILS IF KNOWN	
NAME		NAME.....	
FIRM		FIRM.....	
TOWN.....		TOWN.....	
TEL NO.....		TEL NO.....;	
APPOINTMENT DETAILS DAY		DATE	TIME
CLIENT'S CHOICE OF MEETING SINGLE <input type="checkbox"/> JOINT <input type="checkbox"/>	REASON FOR A SEPARATE MEETING IF LEFT BLANK A JOINT APPOINTMENT WILL BE OFFERED IF ALLEGATIONS OF CURRENT DOMESTIC ABUSE A SINGLE APPOINTMENT WILL BE OFFERED 		
ISSUES FOR MEDIATION	ALL ISSUES	FINANCE & PROPERTY	CHILDREN ONLY