

CULLIMORE S O L I C I T O R S DUTTON

FAMILY MEDIATION REFERRAL FORM

PARTIES' DETAILS

First Party

Name:

Date of Birth:

Address:

.....

.....

Post code:

Home telephone:

Work Telephone:

Mobile:

Email:

Eligible for legal help: Yes NoSpecial needs: Physical Mental health
Facilities for the disabled are available by prior arrangement

Solicitors Details

Name:

Address:

.....

.....

Reference:

Telephone number:

Fax number:

Second Party

Name:

Date of Birth:

Address:

.....

.....

Post code:

Home telephone:

Work Telephone:

Mobile:

Email:

Eligible for legal help: Yes NoSpecial needs: Physical Mental health
Facilities for the disabled are available by prior arrangement

Family mediation Chester is a service provided by Cullimore Dutton Solicitors Ltd.

01244 356 789

www.cullimoredutton.co.uk
susan.alexander@cullimoredutton.co.uk

20 White Friars Chester CH1 1XS

Members of:



CULLIMORE S O L I C I T O R S DUTTON

RELATIONSHIP DETAILS

Date of cohabitation:

Date of marriage:

Date of Separation:

Divorce proceeding stage:

CHILDREN'S DETAILS

Name

Where resident

1

.....

2

.....

3

.....

REFERRAL DETAILS

1. How does your client wish the initial meeting to be arranged:

Jointly with the other party Separately

If jointly, is the other party likely to agree?

Yes No

4. Have Cafcass or any other Social Agency been involved either now or previously?

Yes No

5. Have the other party's solicitor agreed to referral?

Yes No

2. Outline of situation

.....
.....
.....
.....

6. Is the other party aware of referral?

Yes No

7. Is the other party willing to attend Mediation?

Yes No

8. Areas of mediation

Divorce Separation Financial

Children Other

3. Is the matter urgent

Yes No

Please give details - as a service we will endeavor to offer an information session within 72 hours in case of real emergency.

.....
.....
.....

Referred by:

Signed

Address

.....

.....

Date

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