Solicitors’ Family Mediation Referral Form

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| --- | --- |
| Your name: |  |
| Your firm: |  |
| Address: |  |
| Phone: |  |
| Email: |  |

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| --- | --- | --- | --- | --- |
| **Your client** | | | | |
| Full Name: |  | | | |
| Address:  (including postcode) |  | | | |
| Home phone: |  | Mobile phone: | |  |
| Email address: |  | | | |
| **1.4 – What issues would your client like to discuss during the mediation process?** | | | | |
| Property and Finance | | | yes  no  NOT SURE | |
| Children | | | yes  no  NOT SURE | |
| Child Maintenance | | | yes  no  NOT SURE | |
| Spousal Maintenance | | | yes  no  NOT SURE | |
| Other issues (please specify below): | | | yes  no  NOT SURE | |
|  | | | | |

**Please note that Hampshire Mediation is in no way connected with the (now defunct) Hampshire Family Mediation Service, and that we are not currently able to accept publically funded clients**.