

REFERRAL TO FAMILY MEDIATION

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First person's details	Second person's details
Name:	Name:
Address:	Address:
Tel:	Tel:
Mobile:	Mobile:
Email:	Email:
Name and address of Legal Representative:	Name and address of Legal Representative:
Tel:	Tel:
Email:	Email:

Court Proceedings Have any court proceedings been started? If so, what proceedings, in what court, and what stage has been reached?	No / Yes
Is there a pending hearing date for any proceedings? If so, when and what is it?	No / Yes
Has a Child Support Assessment or Maintenance Order been sought or made in relation to any child? If so, please give details.	

Issues for Possible Discussion

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|---|---------------------|
| • Future of the Relationship | Yes / No / Not Sure |
| • Arrangements for Separation | Yes / No / Not Sure |
| • Review of existing agreement or order | Yes / No / Not Sure |
| • Any question of behaviour, threat or abuse | Yes / No / Not Sure |
| • Parental responsibility for children | Yes / No / Not Sure |
| • Any other issues concerning children | Yes / No / Not Sure |
| • Financial/property issues | Yes / No / Not Sure |
| • Meetings are ordinarily held with both clients together. Does this create any concerns for you? | Yes / No / Not Sure |
| • Do you feel able to discuss this openly? | Yes / No / Not Sure |

Are any special facilities required?	Yes / No
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Is this is referral for a MIAM and a mediator's certificate?	Yes / No
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