

Mediation First

Solicitor or Third Party Referral Form

Date

Mediation First
 St Giles House
 38 York Road
 Northampton
 NN1 5QJ

Telephone: 01604 627888
 E-mail: mediationfirst@talk21.com

www.mediationfirst.uk.com

PLEASE COMPLETE ALL OF THIS SECTION:

Is the issue relating to:	Children / Finances / Both
Are you aware of any allegations of domestic abuse? If there are any DV concerns/issues we suggest you telephone us and ask for a separate assessment meeting in the first instance	Yes / No
Are there any other issues you wish us to be aware of? If yes, please give details.	Yes/No

REFERRER DETAILS	
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PLEASE COMPLETE AS FULLY AS POSSIBLE:

Referred Client Name (A).	Name	Other Party Name (B) Relationship to referred client A: (Please give details of relationship, eg, ex-partner/son/ grandchild, etc)
	Address	
	Mobile No	
	Home No	
	E-Mail Address	
	Solicitor Details (if any)	

**THANK YOU FOR THIS REFERRAL - please email this form to mediationfirst@talk21.com
 OR post to Mediation First 38 York Road Northampton NN1 5QJ**

and we will contact you straight away