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**Family Law Mediation – Solicitor and other professional MIAM referral form**

| **Client One** | **Client Two** |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
| Main Telephone no: | Main Telephone no: |
| Alternative Telephone no: | Alternative Telephone no: |
| E-mail Address: | E-mail Address: |
| Legal Advisor (name, firm and address)Tel no: | Legal Advisor (name, firm and address)Tel no: |

Issues for mediation (please tick):

 **Children ( )**

 **Finance and property ( )**

 **Both ( )**

Assessment meetings are held separately. We will meet with your client before contacting CLIENT TWO.

Any indication of domestic abuse/child protection issues?

(please tick)

 **Yes ( )**

 **No ( )**

If yes, provide brief details.

**Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_/\_\_\_**

*Please email to***hello@familylawmediation.co.uk**