

DODDS SOLICITORS LLP
Mediation Service

Referral for Mediation Assessment
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Date: _____

Referred by : _____

CLIENT A	CLIENT B
Name:	Name:
Address	Address
Telephone No: (home and/or mobile)	Telephone No: (home and/or mobile)
Telephone No: (work)	Telephone No: (work)
D.o.b.	D.o.b.
Receiving legal help Yes / No	Receiving legal help Yes / No
Legal advisor (name and firm)	Legal advisor (name and firm)
Tel. no	Tel no.

Children

Name:

_____ **D.o.b** _____ **Age** _____

Name:

_____ **D.o.b** _____ **Age** _____

Name:

_____ **D.o.b** _____ **Age** _____

Date of marriage _____

Date of Separation _____

Are there any legal proceedings? No/Yes (please give brief details) _____

Possible issues for mediation : Children / Finance and property/ All Issues:

**Is Client A willing for Client B to be contacted concerning mediation ?
Yes/No**

Or does Client A wish to attend a separate Assessment Meeting with a recognised mediator before Client B is contacted ? Yes/No

Special facilities needed ? Access for disabled? Yes / No

Language difficulty or other special needs?

Details: _____

Any indication of domestic abuse/child protection issues? Yes / No

(if so, please give brief details)
