

## Farnfields Family Mediation Service Confidential Referral Form

**DATE REFERRAL RECEIVED:**

**REFERRER -**

Name of Firm/Service			
Address			
		Ref:	
		DX No.	
	Tel No.		Fax No.

**CLIENT A -**

Full Name:			
Address:			
Tel. No. (Home)		Tel. No. (Work)	
Mobile No.		Email:	
Is address confidential from other party	Yes		No

**CLIENT B -**

Full Name:			
Address:			
Tel. No. (Home)		Tel. No. (Work)	
Mobile No.		Email:	
Is address confidential from other party	Yes		No

Solicitor's Name:		Ref:	
Address:			
		DX No.	
Tel. No.		Fax No.	

<b>Status</b>	Married	Unmarried	Separated	Divorced	Civil partnership	<b>Other:-</b>
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**CHILDREN**

	Name	Date of Birth/Age	M/F	With whom living:
1				
2				
3				
4				

<b>Type of Mediation</b>	Assessment	Children Only	Finance & Property	All Issues
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<b>ARE THERE ANY COURT PROCEEDINGS?</b> If yes, please provide details including Court venue and Case Number:	Yes	No

<b>IS THERE ANY SUGGESTION OF DOMESTIC VIOLENCE?</b> If yes, please provide brief details:	Yes	No

<b>IS THERE ANY ISSUE OF CHILD PROTECTION?</b> If yes, please provide brief details:	Yes	No

<b>IS THE CLIENT OR THE OTHER PARTY BANKRUPT?</b>	Yes	No

<b>FORM FM1 REQUIRED / ATTACHED?</b>	Yes	No
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<b>PREVIOUS REFERRAL</b>	Yes	No
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**Please send to:**

**Farnfields Solicitors Family Mediation Service  
The Square, Gillingham, Dorset, SP8 4AX  
Email: mediation@farnfields.com**

**or**

**by DX to 100050 GILLINGHAM (DORSET)**

**Appointments offered in Gillingham, Warminster, Sturminster Newton & Yeovil**

**Gillingham: 01747 834209 Yeovil: 01935 574 837**