



OXFORD : LONDON : WILTSHIRE
www.divorceandfamilymediation.co.uk
alexandra@divorceandfamilymediation.co.uk
Tel. 01865 454596
Mobile. 07960635511

SOLICITOR REFERRAL FORM

1. Client Details

Title: First Name: Surname:

Address:

Postcode:

Phone Number: Mobile:

2. Your Details

Your Firm's Name:

The Solicitor Acting and Ref No:

DX (or address if none):

Phone Number: Fax Number:

3. Partner/Former Partner's Details (as far as they are known)

Title: First Name: Surname:

Address:

Postcode:

Phone Number: Mobile:



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4. Their Solicitor's Details

Their Solicitor's Firm Name:

The Solicitor Acting and Ref No:

DX (or address if none):

Solicitor's Phone Number:

Solicitor's Fax Number:

Is this a referral under the Funding Code of the Access to Justice Act? Yes No

Normally before a meeting is fixed, we shall undertake the willingness test on the other party.

Please indicate if your client agrees to first carry out the willingness test on the other party. Yes No

Please indicate if your client would prefer to attend an assessment meeting before the willingness test so as to obtain further information about mediation. Yes No

Please indicate if your client would prefer to attend an assessment meeting before the willingness test so as to obtain further information about mediation. Yes No

Please indicate whether, if the other party indicates a willingness, your client would prefer an individual assessment meeting (please note that even joint meetings start with individual sessions for 10-15 minutes) Yes No

Have any Court proceedings commenced? Yes No

If Yes, what proceedings, in which Court and what stage has been reached?



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What type of mediation is sought?

Names and ages of any relevant children...

Has there been any history (alleged or actual) of violence, harassment, intimidation or child protection concerns?

Yes No

If Yes, brief details...

Name of Referrer:

Date:

Main Office. Willow Lodge, 38 Lytton Road, Oxford OX4 3PA
London Office. Flat 10, 24 Palace Court, W2 4HU
Wiltshire Office. Moss Fallon Solicitors Ltd, Carter's Court, North Farm, Albourne SN8 2JZ