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| **Section 1 *Your Details***  Name:  Address:  Telephone:  Email: | **Section 2 *Your Solicitor*** *(if instructed)*  Firm Name:  Address:  Telephone:  Email: |
| **Section 3 *Other Party’s Details***  Name:  Address:  Telephone:  Email: | **Section 4 *Other Party’s Solicitor*** *(if instructed)*  Firm Name:  Address:  Telephone:  Email: |
| **Section 5 *Issues for Mediation***  *Please tick all the relevant options.*   * Divorce/Separation * Children | * Property/Finance * Other \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Is this a referral for a Mediation Information and Assessment Meeting (MIAM) only? YES / NO  Are there any current proceedings or injunctions? YES / NO | |
| **Section 6 *Safety Issues***  If possible, please tell us about safety or other issues before attending the initial meeting. Does either party have any concerns about:-  Domestic Violence YES / NO  Child Protection YES / NO | |

Please let us know if you have any particular needs so that we can make your visit more comfortable.

**Signed:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ **Date: \_ \_ / \_ \_ / \_ \_ \_ \_**