

# Referral Form for Voluntary Mediation

PLEASE COMPLETE IN BLOCK CAPITALS

## Applicant

Name:

Address:

Postcode:

Work Tel:

Home Tel:

Mobile:

Date of Birth:

Occupation:

NI number:

## Other party

Name:

Address:

Postcode:

Work Tel:

Home Tel:

Mobile:

Date of Birth:

Occupation:

NI number:

## Areas of Mediation

- Children issues
- Property and Finance
- All issues (Includes Children's issues and property and Finance)

## Lawyer

Name:

Firm:

Address:

Postcode:

Telephone:

Facsimile:

Email:

DX:

## Lawyer

Name:

Firm:

Address:

Postcode:

Telephone:

Facsimile:

Email:

DX:

## Children Details

Forename:   
Surname:   
Living with:   
Date of Birth:

Forename:   
Surname:   
Living with:   
Date of Birth:

Forename:   
Surname:   
Living with:   
Date of Birth:

Forename:   
Surname:   
Living with:   
Date of Birth:

## Name and Address of current school attended by child/ren:

Postcode

Are there any Court Orders? Yes  No   
Are there restrictions on your address or phone number? Yes  No   
Are you willing to wait in the same waiting room? Yes  No   
Are the Social services or Family court welfare involved?   
Is there a history of domestic abuse or intimidation? Yes  No   
Are you on benefit or low income?

## Preferred Appointment Venue

Dorking       Epsom       Guildford       Reigate  
 Egham       Woking       Esher

Do you want your first appointment separately or together?

## Applicant

Name:   
Signed   
Dated:

## Other Party

Name:   
Signed   
Dated:

**01372 749911** (24 hour answerphone outside office hours)



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### Surrey Family & Mediation Services

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