

Teifi Law Ltd

James Jones Son & Francis

MEDIATION REFERRAL FORM

Please complete this form if you wish to make a mediation referral.

PERSON REFERRED

FULL NAME

CONTACT NUMBER

EMAIL ADDRESS

ADDRESS (including postcode)

SPECIAL NEEDS

(physical, learning difficulties/ mental health)

SOLICITOR DETAILS

NAME

CONTACT NUMBER

EMAIL ADDRESS

ADDRESS (including postcode)

OTHER PERSON

FULL NAME

CONTACT NUMBER

EMAIL ADDRESS

ADDRESS (including postcode)

SPECIAL NEEDS

(physical, learning difficulties/ mental health)

SOLICITOR DETAILS

NAME

CONTACT NUMBER

EMAIL ADDRESS

ADDRESS (including postcode)

MATTER DETAILS

Please indicate the type of case that is to be discussed:

- Children
- Property/ Finances
- Divorce/ Separation
- Neighbour dispute
- Other

Please provide brief details to include information on any court proceedings:

RELATIONSHIP DETAILS

Date of cohabitation

Date of marriage

Date of separation

Stage in legal proceedings

CHILDREN'S DETAILS

| | Name | Age |
|---------|--|--|
| Child 1 | <div style="background-color: #e0e0e0; height: 25px;"></div> | <div style="background-color: #e0e0e0; height: 25px;"></div> |
| Child 2 | <div style="background-color: #e0e0e0; height: 25px;"></div> | <div style="background-color: #e0e0e0; height: 25px;"></div> |
| Child 3 | <div style="background-color: #e0e0e0; height: 25px;"></div> | <div style="background-color: #e0e0e0; height: 25px;"></div> |

Please be assured that the information you provide will remain confidential until an agreement to mediate has been signed

- Please confirm that we can proceed to invite both parties to a mediation information and assessment meeting.
- Or would you like a member of our team to give you a call?

Where did you hear about mediation?