



Solicitor / CAB (other Agencies) referral for first appointment with a Mediator

TODAYS DATE :	VENUE REQUESTED:	MEDIATOR: FILE NUMBER:	REFERRAL SOURCE:
CLIENT 1 Applicant Ex / Husband / Wife / Partner / Other		CLIENT 2 Ex / Husband / Wife / Partner / Other	
Title Ms / Mrs /Mr / Miss		Title Ms / Mrs /Mr / Miss	
First Name(s)		First Name(s)	
ADDRESS		ADDRESS	
PHONE NOS:		PHONE NOS:	
Home.		Home.	
MOBILE:		MOBILE:	
EMAIL ADDRESS		EMAIL ADDRESS	
Helpful information about client availability or problems Working <input type="checkbox"/> Working away or shifts <input type="checkbox"/> At home with small children <input type="checkbox"/> Appointment in school hours <input type="checkbox"/> Transport / Mobility problems <input type="checkbox"/> Physical or mental health issues <input type="checkbox"/> Other requirements eg Interpreter <input type="checkbox"/> Any allegations of Domestic Violence/Abuse <input type="checkbox"/> Alcohol / Drug abuse <input type="checkbox"/> Mental health issues <input type="checkbox"/>		Please describe as appropriate	
SOLICITOR		SOLICITOR DETAILS IF KNOWN	
NAME		NAME.....	
FIRM		FIRM.....	
TOWN.....		TOWN.....	
TEL NO.....		TEL NO.....;	
APPOINTMENT DETAILS		DATE	TIME
CLIENT'S CHOICE OF MEETING	REASON FOR A SEPARATE MEETING		
SINGLE	IF LEFT BLANK A JOINT APPOINTMENT WILL BE OFFERED		
JOINT	IF ALLEGATIONS OF CURRENT DOMESTIC ABUSE A SINGLE APPOINTMENT WILL BE OFFERED		
ISSUES FOR MEDIATION	ALL ISSUES	FINANCE & PROPERTY	CHILDREN ONLY
			Aged:

Email to: Admin@fmse.co.uk