## Mediation Referral Form



Date: \_ \_ / \_ \_ / \_ \_ \_

Section 1 Your Details	Section 2 Your Solicitor (if instructed)
Name:	Firm Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Eman.	Eman.
Section 3 Other Party's Details	Section 4 Other Party's Solicitor (if instructed)
Name:	Firm Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Section 5 Issues for Mediation	
Please tick all the relevant options.	
o Divorce/Separation	o Property/Finance
o Children	o 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.	
y y y y	

Please return via post or email to Anna Taylor.

Tyndallwoods Solicitors, 29 Woodbourne Road, Edgbaston, Birmingham B17 8BY

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