

Mediation Referral Form

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

Type of appointment needed	MIAM for client only	Both Parties to attend
Full Name	You	The other person you want to mediate with
Address (Inc. postcode)		
Email address		
Telephone number		
Mobile Number		
The issues you want to discuss in mediation (tick box)		
Children		
Property/Finances		
Divorce/Separation		
Communication		

Names & Dates of birth for any Children		
Solicitors Details	You	The other person you want to mediate with
Address		
Telephone Number		
Reference		
Brief details of any Court proceedings and the stage those have reached		

wilson browne SOLICITORS

Where did you find out about mediation?	Google advert Website Internet search Radio Recommendation
Please confirm we can proceed to invite you and the other person to a mediation information and assessment meeting	
Or would you like you're the New Enquiries Team to give you a call	