



S O L I C I T O R S   L L P

### Mediation Referral

**Please complete the details below and send this form to us by post, e mail or fax. We will make contact with you as quickly as possible following receipt**

Your name.....

Your address.....

.....

E mail address .....

Telephone number.....

Name and contact details of your solicitor (if any).....

.....

Details of the other person concerned

Name.....

Address.....

.....

E mail address .....

Telephone number.....

Name and contact details of solicitor if known to you.....

.....

Please indicate what your enquiry relates to: Financial matters/children issues/both

If you require a MIAM meeting, please confirm here .....

Please confirm if there are personal safety issues relating to you or a child concerned

.....

If there is a particular day or time of day that it's best for us to contact you please confirm here

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***If any of the information supplied is not known to the other person and you wish it to be kept confidential please indicate***