

John Barkers Family Mediation Service
helping families to move forward

REFERRAL FORM

About You (The First Party)

Name		Address	
		Post Code	
D.O.B		National Insurance Number	
Telephone		Mobile	
Email Address		Can these details be disclosed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to be assessed for Legal Aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	General Availability for Appointments?	

Solicitor Details

Solicitor and Firm		Address	
		Post Code	
DX Number		Telephone	
Email Address			

About the Other Person (The Second Party)

Name		Address	
		Post Code	
D.O.B		Email Address	
Telephone		Mobile	

Other Party Solicitor Details

Solicitor and Firm		Address	
		Post Code	
DX Number		Telephone	
Email Address			

Referral Details

Is the other party aware of referral?

Yes

No

Is the other party willing to accept an appointment?

Has this matter been referred by the court?

Has CAFCASS or any other social agency been involved, either now or previously? If so, give date/s of involvement.

Date of Marriage

Date of Separation

Date of Cohabitation

Date of Separation

Childs Name

Childs D.O.B

With whom currently living?

Yes

No

Has a Divorce Application been filed?

Date of Conditional Order

Date of Final Order

Any Court Orders

 Any other Court Orders
 (eg Non-Molestation,
 Occupation or Child
 Arrangements Orders)*

**Please attach copy
 Orders if available*
Yes

No

Any relevant pending court hearings? If Yes, for what and date of next hearing.

Apparent issues for mediation

Any special needs of which we should be aware:

Any significant availability issues:

Date of referral

DD

MM

YY

Please return the completed form to:

John Barkers Family Mediation Service, Telegraph House, 80 Cleethorpe Road, Grimsby DN31 3EF

Telephone: 01472 358686

Email: adrian.coggon@jbarkers.co.uk

Website: www.jbarkers.co.uk