**About you**

|  |  |  |
| --- | --- | --- |
| Firm / Agency: | | |
| Contact name: | | |
| Address: |  | |
| Postcode: |  | |
| 🕿 Tel: | | Email: |

**About your client**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is this an LSC Funding Code referral? | | | | | | | | Yes | | | | | No |  |  |
| Title: | Mr | | Mrs | Ms | | Miss | | | | Other: | | | | DOB: | |
| First Name(s): | | | | | | | | | | | | Surname: | | | |
| Address: | |  | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | |
| 🕿 Mobile: | | | | | 🕿 Home: | | | | | | | | | | |
| 🕿 Work: | | | | | Email: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Is the client’s address confidential? | | | | | | | yes | |  | | no | |  | | |

**About the other party**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Relationship to your client: | | | | | | | | | | | | | |
| Title: | Mr | | Mrs | Ms | | | Miss | | Other: | | | | DOB: |
| First Name(s): | | | | | | | | | | | Surname: | | |
| Address: | |  | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | |
| 🕿 Mobile: | | | | | 🕿 Home: | | | | | | | | |
| 🕿 Work: | | | | | Email: | | | | | | | | |
| Other party’s solicitor’s name: | | | | | | | | | | | | | |
| Firm: | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | | |
| 🕿 Tel: | | | | | Email: | | | | | | | | |
|  | | | | | | | | | | | | | |
| Is solicitor aware of referral? | | | | | | yes | |  | | no | |  | |
| Is other party aware of referral? | | | | | | yes | |  | | no | |  | |

**Please give details of any children**

|  |  |  |
| --- | --- | --- |
| Name | Date of birth | Currently living with |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Background / Current Situation – please complete as appropriate**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Married? | Yes | No | Date: | |  |  |
| Lived together since: | | | | Date of separation: | | |
| Are there other agencies involved (CAFCASS, Social Services, other)? | | | | | Yes | No |
| If yes, please detail: | | | | | | |
| Are there any current court proceedings? | | | | | Yes | No |
| Details, inc. date of next hearing: | | | | | | |
| Are there any issues relating to domestic violence (alleged or actual), child protection, mental health, | | | | | | |
| drug or alcohol abuse or other factors of which we should be aware? | | | | | Yes | No |
| If yes, please detail: | | | | | | |

**Requirements for Mediation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Issues for mediation – please tick all that apply | | | | | | |
| Contact arrangements | | Residence of children | | Finance / property | | |
| Other (please detail): | | | | | | |
| Preferred location | | | | | | |
|  |
| Single or joint assessment meeting preferred? | | | Single | | Joint | Either/unsure |
| Are there any special needs (eg disabled access / interpreter / other)? | | | | | | |
| Any further information? | | | | | | |

**Please send by post, email or fax to:**

The Admin team Barclay DeVere - **Kemp House,**152 City Road,London,EC1V 2NX

Telephone 03333 448 100

Email: enquiries@lawdirectuk.com Fax: 0845 095 0097

**Thank you for referring your client to Barclay DeVere**