

MEDIATION REFERRAL FORM

Date: _____ Preferred office: Rotherham / Sheffield / Dronfield / Bakewell

PERSON REFERRED	OTHER PERSON
Name:	Name:
<i>DOB:</i>	<i>DOB:</i>
<i>Address:</i>	<i>Address:</i>
<i>Post code:</i>	<i>Post code:</i>
<i>Home tel no:</i>	<i>Home tel no:</i>
<i>Mobile no:</i>	<i>Mobile no:</i>
<i>Email:</i>	<i>Email:</i>
<i>Eligible for legal aid: Yes / No</i>	<i>Eligible for legal aid: Yes / No</i>
<i>Special Needs: Yes / No</i> <i>Physical/learning difficulties/mental health:</i>	<i>Special Needs: Yes / No</i> <i>Physical/learning difficulties/mental health:</i>
<i>If yes, please state what facilities or assistance may be needed:</i>	<i>If yes, please state what facilities or assistance may be needed:</i>
Solicitor details	Solicitor details
Name:	Name:
Firm name/address:	Firm name/address:
Reference:	Reference:
Tel No:	Tel No:
Email:	Email:
Relationship Details	
Date of cohabitation:	
Date of marriage:	
Date of separation:	
Stage in legal proceedings:	

Sheffield
20 Arundel Gate
South Yorkshire
S1 2PP

Rotherham
15 High Street
Rotherham
S60 1PT

Dronfield
61b Sheffield Road
Dronfield
S18 2GF

Bakewell
Bridge Street
Derbyshire
DE45 1DS

Ecclesall Road
890-892 Ecclesall Road
Sheffield
S11 8TP

Children's Details

Name	M/F	Date of Birth	Living with

Is the other person aware of this referral? Y/N

Areas for mediation: *please ✓*

All issues – children & financial	
Financial	
Children	

Outline of current situation: *if necessary*

Is there any objection to us contacting the other party at the outset: **Y / N**

Client self-referral: **Y / N**

If yes, how did they hear about Taylor&Emmet:

<i>For official use:</i>	Conflict check done Y / N
<i>Notes for mediator:</i>	

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