

February 2010

A B MEDIATION

**The New Meeting House
St Peter's Court
Station Street
Mansfield, Nottinghamshire
NG18 1EF
DX 10346
Tel: 01623 625262 Fax: 01623 623956
E-Mail: helen.tomlinson@bryanandarmstrong.co.uk
Web Site: www.abmediation.co.uk**

**Mediators: ANGELA DONEN
JOHN CREEDON**

REFERRAL FORM

Referring Party	Other Party
Name:	Name:
Address:	Address:
Tel No: (work) (home) (mobile)	Tel No: (work) (home) (mobile)
Date of Birth:	Date of Birth:
National Insurance No.	National Insurance No.
Occupation:	Occupation:
Solicitor:	Solicitor:
Address:	Address:
Tel No.	Tel No.
Fax No.	Fax No.
AVAILABILITY FOR INTERVIEW (Please give details of working hours/flexibility etc.)	AVAILABILITY FOR INTERVIEW (Please give details of working hours/flexibility etc.)

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Children Names/DOB	
Cohabitation/Marriage Date:	
Separation Date:	
Is the other party aware of the referral	Yes/No
Is the other party likely to attend mediation	Yes/No
Is a separate waiting area away from their spouse or partner needed?	Yes/No
Are there any special requirements, if so please state them	Yes/No
What are the main issues? (please tick)	
Children only	()
Property and Finance only	()
Property, Finance and Children	()
Is there a history of domestic violence	Yes/No
Is there a history of child protection issues	Yes/No
Please add any further information which you feel may be relevant Add personal action plan if possible.	