

WEST LONDON MEDIATION REFERRAL FORM

First Client: (client completing Form)

Name: _____

DOB _____

Address: _____

Landline _____

Mobile _____

E-MAIL _____

Name and contact details of any solicitors instructed

Second Client: ([ex] partner of client completing Form)

Name: _____

DOB _____

Address: _____

Landline _____

Mobile _____

E-MAIL _____

Name and contact details of any solicitors instructed

Are you and your partner separated? yes

What was the date of separation? _____ no

Are you and your partner married? _____

If you have children please give your childrens's names and dates of birth: -

REFERRAL FORM CONT.

Have both clients expressed a wish for mediation? o yes o no o not sure

Does your partner know you have contacted West London Med. o yes o no

Issues for Mediation

The Family Home

Address:

o Rented o Owned

If owned, state whether: o Jointly o Solely-by whom

Estimated current value

Present estimated mortgage balance

Do you have any other assets, property or capital?

o yes Amount? o no

c. Employment

Are you employed? If so:

What is your occupation? _____ Current Salary
(gross) _____
If self-employed, (a) estimate of current earnings _____

(b) To what date are accounts
available? _____

d. Do you have any other sources of income?
 yes Amount? _____ Source? _____
 no

Has there been any domestic violence in the relationship?
 yes Please give brief details? _____

 no

Confidentiality

Do you wish to keep your private address or telephone number
confidential from your partner/former partner? yes no
Before mediation can proceed we usually arrange to share the contents
of this Referral Form with your partner/former partner. Please tick the
box if you would prefer we did not do so at this stage.

Signed _____
Date _____

Please return this form to West London Mediation, 4
Chesterfield Road, London W4 3HG Telephone 020-8747-
8884.
e-mail:mendesdacosta@blueyonder.co.uk