

## 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?  yes  no  not sure  
Does your partner know you have contacted West London Med.  yes  no   
Issues for Mediation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Family Home**

Address: \_\_\_\_\_

Rented  Owned  
If owned, state whether:  Jointly  Solely-by whom \_\_\_\_\_  
Estimated current value \_\_\_\_\_  
Present estimated mortgage balance \_\_\_\_\_

**Do you have any other assets, property or capital?**

yes Amount? \_\_\_\_\_  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 Phone 020-8747-8884. Fax 0208 711 3167 e-mail: [info@westlondonmediation.co.uk](mailto:info@westlondonmediation.co.uk). WESTLONDONMEDIATION.CO.UK