



**RICHARDSON GILDENER SOLICITORS  
FAMILY MEDIATION  
CLIENT REFERRAL FORM**



**Mediation Required:** FREE INITIAL CONSULTATION / MIAM (please circle)

**CLIENT 1**

**Personal Details**

Title Mr  Mrs  Ms  Other  \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

National Insurance No. \_\_\_\_\_

**Telephone numbers**

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

**Relationship Information**

Relationship to other party \_\_\_\_\_

Date of marriage \_\_\_\_\_

Length of cohabitation \_\_\_\_\_

Date of separation (if applicable) \_\_\_\_\_

**Solicitor details**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Reference \_\_\_\_\_

**CLIENT 2**

**Personal Details**

Title Mr  Mrs  Ms  Other  \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

National Insurance No. \_\_\_\_\_

**Telephone numbers**

Home \_\_\_\_\_  
Work \_\_\_\_\_  
Mobile \_\_\_\_\_

**Relationship Information**

Relationship to other party \_\_\_\_\_  
Date of marriage \_\_\_\_\_  
Length of cohabitation \_\_\_\_\_  
Date of separation (if applicable) \_\_\_\_\_

**Solicitor details**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Reference \_\_\_\_\_

**CHILDREN**

	<b>Child 1:</b>	<b>Child 2:</b>	<b>Child 3:</b>
Name:			
Date of Birth:			
Living with:			
Relationship to either party:			

**Child Protection**

Have any issues been raised concerning the child considered to be at risk of significant harm? Yes  No

If yes, what action has been taken?

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

Are any other agencies currently involved with any issue concerning the children? Yes  No   
If so, please given details:

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

**Safety:**

Has either client raised any concern regarding their personal safety with regard to the other? Yes  No

If so, please given details:

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

Have there been any incidents of domestic abuse and / or violence?

Yes  No

If so, please give details:

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**Key Dates**

Are there any key dates for either party e.g. Court hearings?

Yes  No

If so, please give details:

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**Issues for Mediation**

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Referral from:

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Date:

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