

FOCUS FAMILY MEDIATION

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Contact: Michelle Taylor or Diane Craig

Mediators: Carmel Doyle, Paul Thorn, Jackie Lawson, Tim Evans

MEDIATION REFERRAL FORM

Your client's details:	Other party's details:
Title: Mr/Mrs/Miss/Ms	Title: Mr/Mrs/Miss/Ms
Name:	Name:
d.o.b NI No:	d.ob NI No:
Address:	Address:
Tel No. (home) (mobile) (work)	Tel No. (home) (mobile) (work)
Email: May we contact your client by email YES/NO	Email:
Solicitor's name and ref:	Solicitor's name and ref:
Tel No: e-mail: Address:	Tel. No: e-mail: Address:

Is a separate waiting area required?	YES/NO
Is your client likely to be eligible for legal aid for mediation and help with family mediation?	YES/NO
If not is your client aware there may be a charge for the assessment meeting?	YES/NO
Does your client have a disability for which they require special assistance or special facilities?	
Likely Issues:	
Is the other party aware of the referral to Mediation? YES/NO	
Any other information:	