

FOCUS FAMILY MEDIATION

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Contact: Michelle Taylor/Diane Craig

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

SELF-REFERRAL FORM

Your details:	Other party's details:
Title: Mr/Mrs/Miss/Ms	Title: Mr/Mrs/Miss/Ms
Name:	Name:
D.OB	D.O.B
NI No:	NI No:
Address:	Address:
Tel No. (home) (mobile) (work)	Tel No. (home) (mobile) (work)
Email: May we contact YOU by email: YES/NO	Email:
Solicitor's name and ref:	Solicitor's name and ref:
Tel No:	Tel. No:
e-mail:	e-mail:
Address:	Address:
Is a separate waiting area required? YES/NO	
Do you want to be assessed for legal aid to cover mediation costs and legal advice? YES/NO	
If not, please be aware that there may be a charge for the assessment meeting.	
Do you have a disability for which you require special assistance or special facilities?	
Likely Issues:	
Is the other party aware of the referral to Mediation? YES/NO	
Any other information:	