

# FOCUS FAMILY MEDIATION

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## SELF-REFERRAL FORM ONLINE MEDIATION

<b>Your details:</b>	<b>Other party's details:</b>
<b>Title:</b> Mr/Mrs/Miss/Ms	<b>Title:</b> Mr/Mrs/Miss/Ms
<b>Name:</b>	<b>Name:</b>
<b>D.OB</b>	<b>D.O.B</b>
<b>NI No:</b>	<b>NI No:</b>
<b>Address:</b>	<b>Address:</b>
<b>Tel No. (home)</b> <b>(mobile)</b> <b>(work)</b>	<b>Tel No. (home)</b> <b>(mobile)</b> <b>(work)</b>
<b>Email:</b> May we contact YOU by email: YES/NO	<b>Email:</b>
<b>Solicitor's name and ref:</b>	<b>Solicitor's name and ref:</b>
<b>Tel No:</b> <b>e-mail:</b>	<b>Tel. No:</b> <b>e-mail:</b>
<b>Address:</b>	<b>Address:</b>

<b>Would you prefer appointments to take place by Zoom, WhatsApp, Skype, Facetime or Teams ?</b>
<b>Do you want to be assessed for legal aid to cover mediation costs and legal advice?</b> YES/NO  If not, please be aware that there may be a charge for the assessment meeting.
<b>Do you have a disability for which you require special assistance or special facilities?</b>
<b>Likely Issues:</b>
<b>Is the other party aware of the referral to Mediation?</b> YES/NO
<b>Any other information:</b>