

FOCUS FAMILY MEDIATION

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SOLICITORS FORM ONLINE MEDIATION

Your client's 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 your client by email: YES/NO	Email:
Solicitor's name and ref:	Solicitor's name and ref:
Tel No: e-mail:	Tel. No: e-mail:
Address:	Address:

Would your client prefer appointments to take place by Zoom, WhatsApp, Skype, Facetime or Teams ?
Does your client 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.
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: