

# MEDIATION FIRST

## REFERRAL FORM

dated.....

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Mediation First  
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**Is this a funding code (s.29) referral (ie, might either need legal aid?) Yes / No**

**Relating to: Children / Finance / Both?**

**Are you aware of any allegations of Domestic Violence? Yes / No**

**Any other issues you wish us to be aware of?**

*If appropriate please suggest client telephones office direct for an appointment. If there are allegations of domestic abuse clients may wish to see us alone before setting up a joint meeting.*

<b>Referring client name:</b>	<b>Name</b>	<b>Other party name:</b>  <b>Relationship to your client:</b>  <i>(Please give details of relationship to referring client eg. ex-partner/son/grandchild etc)</i>
	<b>Address</b>	
	<b>Home telephone</b>	
	<b>Mobile</b>	
	<b>Work</b>	
	<b>Solicitor details</b>	

*Thank you for this referral ☺*