

**JB Family Mediation**

**Mediation Referral Details**

Client 1

Name:

Date of Birth:

Address:

Mobile phone no:

Home phone no:

Email:

Solicitor:

Firm Name and Address:

Tel No:

Email:

Preferred method for mediator to initiate contact:

Client 2

Name:

Date of Birth:

Address:

Mobile phone no:

Home phone no:

Email:

Solicitor:

Firm Name and Address:

Tel No:

Email:

Preferred method for mediator to initiate contact:

Confidentiality

Do you request that any of the above personal information be kept confidential?

Yes/No

Relationship Information

Date of marriage/cohabitation:

Date of separation:

Date of divorce proceedings (if relevant):

Nature of any other legal proceedings:

Children

Child 1 name:

Date of birth:

Child 2 name:

Date of birth:

Child 3 name:

Date of birth:

Child 4 name:

Date of birth:

Where do the children reside?

Please give a brief outline of issues for discussion, e.g. financial matters, housing, children:

To your knowledge is the above information agreed by both of you?

Yes/No

**Please note that a copy of this form will be sent to both parties for completion.  Please do not provide information other than address and contact details that cannot be shared with both of you**

**This form is approved by the Family Mediators Association (**[**www.fma.co.uk**](http://www.fma.co.uk/)**) and Resolution (**[**www.resolution.org.uk**](http://www.resolution.org.uk/)**) for use by independent professional mediators who mediate as members of either organisation.**

**Please complete the above and return to** **jagbowen@outlook.com****. I will then contact you to set up an initial individual meeting.**

**John Bowen, mediator**