

# Mediation referral form

If you would like to refer a client for mediation, please complete the form below. Our mediation

service is available at all our offices in Guildford, Southampton, Lymington, Richmond, Woking and the City of London.				
Please complete all sec E victoria.walker@mooreb T 023 8071 8122	tions in type or block cap arlow.com	pitals and send to:		
Referring solicitors				
Your name:		Tel:		
Your firm:		Ref:		
Address:				
Email:				
Client's contact details				
Full name:		Home tel:		
Work tel:		Mobile:		
Address:				
Email:				
Please specify issues for	or mediation			
Divorce / separation	Contact with children	Residence of children	Finance and property	
All of these	Other:			

## Please specify type of appointment required

Individual appointment with mediator	Joint appointment (with mediator and both parties)
MIAM	

We will contact your client and let you know when we have made an appointment. Please let us have details of the other party below and let us know if we may contact them directly. Please also let us know if violence is an issue, and if it is, please provide details of allegations, injunctions etc.

## Other party's contact details

Full name:	Home tel:	
Work tel:	Mobile:	
Address:		
Email:		

### Represented by

Firm name:	Tel:		
Solicitor:	Ref:		
Address:			
Email:			

#### **Children details**

Child one			
Full name:	M / F:		
Residing with:	DOB / age:		
Child two			
Full name:	M / F:		
Residing with:	DOB / age:		
Child three			
Full name:	M / F:		
Residing with:	DOB / age:		

## **Contact us today**

E info@moorebarlow.com T 023 8071 8000



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