REFERRAL FORM

WEST WALES MEDIATION
9a Dark Gate
Carmarthen
SA31 1PT
TEL: (01267) 233123 FAX (01267) 220495
Email: mediation@westwalesmediation.co.uk

REF NO

Special Requests
(Office use only)

Willingness Test
(Please circle)
Appointment Made
No Response
Refusal

Date Closed:____________
Signature:____________

Solicitor Referrals – please answer the following:

1.	**Is this a Funding Code referral?**	**Yes/No**
2.	**Do you want us to arrange an appointment for your client?**	**Yes/No**
3.	**Do you want us to conduct a 'willingness test' for client 2?**	**Yes/No**
4.	**Has your client received Legal Help?**	**Yes/No**
5.	**Have CAFCASS or Social Services been involved?**	**Yes/No**
6.	**Has your client been referred to us previously?**	**Yes/No**

CLIENT No. 1:	**CLIENT No. 2:**
Mr/Mrs/Miss/Ms/Other	Mr/Mrs/Miss/Ms/Other
Relationship to child:	Relationship to child:
Address:	Address:
Postcode:	Postcode:
Tel. no. Home: Mob: Work: *(Please give details of convenient times to call)*	**Tel. no**. Home: Mob: Work: *(Please give details of convenient times to call)*
Occupation:	Occupation:
Any special needs? (e.g. wheelchair access, interpreter) Please state:	Any special needs? (e.g. wheelchair access, interpreter) Please state:
SOLICITOR	**SOLICITOR**
Name:	Name:
Address:	Address:
Telephone number:	Telephone number:

P.T.O

Recent or current Court Proceedings in respect of Children

Name Of Court	Divorce petition filed? Yes/No
Type of Application	Decree Nisi/Absolute? Yes/No
Number of matter:	Any injunctions in force? Yes/No
Date of hearing/order:	Please specify___________________________________
	Domestic abuse or Child Protection issues? Yes/No

Date of cohabitation/marriage: **Date of separation:**

CHILDREN

First Name	Surname	Gender	Age / DOB	Where resident (mother/father/other)
1.				
2.				
3.				
4.				

New Partners (either parent) details of children involved

Outline of situation

Issues for Mediation

1. Pre separation issues ☐
2. Residence ☐
3. Contact ☐
4. Parental Responsibility ☐
5. Child's reaction to divorce/separation ☐
6. Communication ☐
7. Finance & Property ☐
8. All Issues ☐
9. Other ☐

FOR OFFICIAL USE ONLY - ACTION TAKEN
(Please tick)

Leaflet/Fees leaflet/Appointment Letter

Referral received by: Date:

Referred by:
Name:

Address:

Signature Date

Entered in book Database File made 01.08.06