**BARNSLEY FAMILY MEDIATION SERVICE**

1-11 Huddersfield Road, Barnsley, S70 2LP

TELEPHONE NUMBER – 01226 210000 FAX – 01226 211110

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**MEDIATION REFERRAL FORM**

*(For office use only)Reference No.*

|  |  |
| --- | --- |
| **PERSON REFERRED** | **OTHER PERSON** |
| ***Name:*** | ***Name:*** |
| *DoB:* | *DoB:* |
| *Address:* | *Address:* |
| *Post Code:* | *Post Code:* |
| *Home tel. no.:* | *Home tel. no.:* |
| *Mobile no:* | *Mobile no:* |
| *Email:* | *Email:* |
| *Eligible for Public funding: Yes/No* | *Eligible for Public funding: Yes/No* |
| *Special Needs:* | *Special Needs:* |
| 1. *Physical:*
 | 1. *Physical:*
 |
| 1. *Learning Difficulites/Mental Health:*
 | 1. *Learning Difficulites/Mental Health:*
 |
| *If yes, please state what facilities or assistance may be needed:* | *If yes, please state what facilities or assistance may be needed:* |
| **Solicitor details** | **Solicitor details** |
| **Name:** | **Name:** |
| Firm name: | Firm name: |
| Reference | Reference |
| Tel. No.: | Tel. No.: |
| Fax No: | Fax No: |
| Email: | Email: |
| **Relationship Details** |
| Date of cohabitation: |
| Date of Marriage: |
| Date of Separation: |
| Stage in Legal Proceedings: |

**Children’s Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | M/F | Date of Birth | Age | Living with | Child of previous relationship? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Is the other person aware of this referral? Y/N

Is the other person willing to attend mediation Y/N/Not Known

How does you or your client wish the meeting to be arranged?

1. Separately? Y/N b) Jointly? Y/N

If jointly, does the other person agree? Y/N

Has there been any Social Services/Social Care/CAFCASS involvement in the past or now? Y/N

If yes, please give details:

**Areas for mediation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Divorce/dissolution |  | Separation |  |
| Children |  | Financial |  |
| Other |  |  |  |

**Outline of current situation:**

|  |
| --- |
|  |

Date: Signed: