

Solicitor referral form

Clients details

Referring party

Full name

Relationship

Date of birth

Address

Postcode

Telephone

email

Other party

Full name

Relationship

Date of birth

Address

Postcode

Telephone

email

Solicitor details

Name

Address

Postcode

Ref no

Telephone

Fax

email

Other party's solicitor (if applicable)

Name

Address

Postcode

Ref no

Telephone

Fax

email

Children (please use another sheet of paper if you require extra space)

Name

Date of birth

F M

Name

Date of birth

F M

Name

Date of birth

F M

Name

Date of birth

F M

Issues to be resolved at mediation

Children

Yes No

Finances

Yes No

Please fax back the completed form to
Anna Vollans 0113 320 6000 or post to
MyMediation 112 Street Lane Leeds LS8 2AL

Office use only

Ref

Date received

Initial letter

IND1

Yes No

Date sent (1st class)

IND2

Yes No

Intake/Miam

IND1

Date

Time

IND2

Date

Time

Notified
self / other
party

IND1

Yes No

IND2

Yes No

Funding type

IND1

Private

Legal aid

IND2

Private

Legal aid