

**Mediation Referral**

**Please complete the details below and send this form to us by post, e mail or fax. We will make contact with you as quickly as possible following receipt**

Your name..............................................................................

Your address....................................................................................................................................

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E mail address .......................................................................................................

Telephone number...............................................................................................

Name and contact details of your solicitor (if any)...........................................................................

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Details of the other person concerned

Name.......................................................................................

Address....................................................................................................................................

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E mail address .......................................................................................................

Telephone number...............................................................................................

Name and contact details of solicitor if known to you.....................................................................

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Please indicate what your enquiry relates to: Financial matters/children issues/both

If you require a MIAM meeting, please confirm here ..................................................................

Please confirm if there are personal safety issues relating to you or a child concerned

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If there is a particular day or time of day that it’s best for us to contact you please confirm here

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***If any of the information supplied is not known to the other person and you wish it to be kept confidential please indicate***

***E mail Emma Hamilton Cole :*** ***ehc@williamsthompson.co.uk***

***Office telephone 01202 484242***