**REFERRAL FORM**

Thank you for completing this form. The more information you can provide, the better I can prepare for an initial meeting with your client. Please let me know if you have spoken either to the other person or their solicitor about this referral.

I will generally contact your client by email so it’s important that you confirm if their address is secure. Alternatively, you might prefer that I make contact via telephone.

I usually conduct initial meetings at either of my consulting rooms in or just outside Cambridge. However, if required, I can arrange to meet with clients elsewhere.

**Name and address of referring solicitor (or other professional)**

Name:

Address:

Telephone:

Email:

**Name and address of your client**

Name:

Address:

Telephone:

Email: *(Please specify preferred method of contact)*

**Name and address of your client’s spouse/partner/other participant**

Name:

Address:

Telephone:

Email: *(Please specify if permission to contact)*

**Name and address of the other participant’s solicitors (if known)**

Firm name:

Solicitor’s name:

Address:

Postcode:

Telephone:

Email:

Family Consultancy ☐ Mediation ☐

What issues do the clients want to address in mediation?

All issues ☐ Children ☐ Finance ☐

Have any court/divorce proceedings started?

Are you aware of any concerns regarding domestic violence or abuse or child protection?

Are you aware of any mental health issues, which might affect either participant?

Do either participant have any special needs?

Any other information that might be relevant?

Thank you for completing this form. Please return to jane@janemccann.co.uk