

Client Contact Form

Date

Please fill in as much as you can and return the form by email we will then contact you to discuss it or arrange your Mediation Information Assessment Meeting (MIAM) with one of our mediators.

Your details:

Name:

Address:

Postcode:

Tel – Mob:

E-Mail Address:

Occupation:

D.O.B:

National Insurance Number

Other Party details:

Name:

Address:

Postcode:

Tel – Mob:

E-Mail Address:

Occupation:

D.O.B:

Do you want some or all parts of this form kept confidential from the other party ?

Yes / No / Details not to be disclosed

Are there any concerns about domestic or alcohol/drug abuse ? : Yes / No

Please provide brief details:

Details of relevant Child/ren:

Name	M/F	D.O.B.	Age	Living with
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Issues for mediation : (Please tick what applies)Children Only [] Property and Finance Only [] Other issues (please specify) []**Do you want information and to be assessed for Legal Aid for mediation ?** Yes / No**Details (if known) of solicitors advising in this matter**

Solicitor:

Solicitor:

Name of firm:

Name of firm

Do you or the other party have any additional needs? e.g. interpreter or support worker Yes / No