

Referral To Mediation

PLEASE COMPLETE AND SEND TO DEBORAH LEASK OR SEAN McNALLY at Ellis Jones Solicitors, 302 Charminster Road, Bournemouth, Dorset BH8 9RU or fax 01202 636207. Please telephone 01202 636223 if you require any further information.

Client's full name:	
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Client's address:	
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Day time tel:	
E-mail address:	

Represented by: (Name of firm, ref, tel and DX no's)	
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Other party's name:	
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Address:	
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Day time tel:	
E-mail address:	

Represented by: (Name of firm, ref, tel and DX no's)	
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Is this a pre-action protocol referral (MIAM)?	Yes/No
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Are there any particular circumstances which you think are relevant to mediation e.g. domestic abuse, intimidation, financial mistrust?

Is client/other party eligible for Legal Aid?	Yes/No
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Children Names	M/F	DOB/AGE	RESIDING WITH

Issues for Mediation:	CHILDREN	FINANCES	ALL ISSUES
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