

E J COOMBS MEDIATION

Mediation File Opening

Referral date

1st Party

Name	
Address	
Telephone number	
Email	
Solicitors name	
Company	
DOB	
Date of marriage to other party, if married	
Is address confidential from other party?	Yes/No
Is the client willing for partner to be contacted	Yes/No

2nd Party

Name	
Address	
Telephone No	
Email	
Solicitors name	
Company	

Children's Details

Name(s)	
DOB	
Male/Female	
Whom living with	

Details for Mediation

Is this referral under legal services funding?	Yes/No
Have any court proceedings been commenced?	Yes/No
If yes, what proceedings, in which court and what stage has been reached?	
Date of separation	
Date of Decree Nisi	
Date of Decree Absolute	

Type of Mediation sought (please tick)

Issues on Children	Issues on Property	Both (AIM)
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Has there been any history (alleged or actual) of violence, harassment, intimidation or child protection concerns?	Yes/No
Disablement issues – will a ground floor room be required?	Yes/No