



MEDIATION SOLUTIONS UK

A balanced future.

REFERRAL

APPLICANT	OTHER PARTY
Name	Name
Date of Birth	Date of Birth
Address	Address
Mobile	Mobile
Email	Email
Solicitors (if applicable)	Solicitors (if applicable)

Purpose of the Mediation (please tick):

Child Arrangements

Property & Finance

Probate

Civil or Intellectual Property

Has the other party been informed that our services will be contacting them? (please tick):

Yes

No

Once we have received it a member of our team will contact you.
If you have any queries about this form please contact us on 01925 393532.

www.mediationsolutionsuk.com