



Family Mediation Service – Referral Form

Client Contact Details

Name:	Home Tel:
Address:	Work Tel:
	Mobile Tel:
	Email:

Referring Solicitor

Name:	Tel:
Firm:	Fax:
Address:	DX:
	Email:

Other Party's Contact Details

Name:	Home Tel:
Address:	Work Tel:
	Mobile Tel:
	Email:

Other Party's Solicitor

Name:	Tel:
Firm:	Fax:
Address:	DX:
	Email:

Names of children and dates of birth

Details of any Court proceedings

Please identify issues for Mediation:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Divorce / Separation | <input type="checkbox"/> Children |
| <input type="checkbox"/> Finance & Property | <input type="checkbox"/> All Issues |

Please confirm type of appointment required:

- Individual appointment with Mediator
- Joint appointment - Mediator and both parties

Preferred venue for Mediation:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Chichester | <input type="checkbox"/> Petworth |
| <input type="checkbox"/> Billingshurst | <input type="checkbox"/> Storrington |

Please reply to:

Anderson Longmore & Higham Family Mediation Service, 38 Southgate, Chichester,
West Sussex PO19 1DP

DX 30320 Chichester
Tel: 01243 787899
Fax: 01243 839423

Or by email to edwardcooke@alhlaw.co.uk