

FAMILY MEDIATION REFERRAL FORM**REFERRED PARTY:**

Name.....

Address

Telephone no

Solicitor

Name

Address

Telephone no

Reference

OTHER PARTY

Name

Address

Telephone no

Solicitor

Name

Address.....

Telephone no

Reference

Mediation Required: All issues / Children / Property & Finance

Date

Any additional Information

Contact Details: Mediator – Margaret Porter
Email : m.porter@spectrumfamilylaw.comMediator Coordinator – Annie Marshall
Email : contact@spectrumfamilylaw.com