

Solicitor Referral Form

Devon and Exeter Mediation Practice

Telephone: 01392 409094

E mail: ac@devexmediation.co.uk

For completion by solicitors

	FIRST PERSON'S DETAILS	SECOND PERSON'S DETAILS
Full name		
Full address		
Contact telephone numbers		
Solicitor details including address		
Is this a referral for a Mediation Information and Assessment Meeting with a view to receiving a signed court application form?		
Is your client likely to be eligible for free mediation?		
Please indicate the preferred venue: Exeter, Taunton, Okehampton, Crediton Note: On line mediation also available		
Are any special facilities required?		
Please let us know whether there are any issues relating to child protection, domestic abuse or mental health.		
Please let us know whether the issues in dispute relate to: children/cohabitation/divorce/property and finance/other		
Would you like me to contact the other person first?		
Please provide any other information that may be of assistance		

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