

## REFERRAL FORM

### YOU

Name:

Address:

Postcode:

Email address:

Mobile:

Other telephone numbers:

### OTHER PERSON

Name:

Address:

Postcode:

Email address:

Mobile:

Other telephone numbers:

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Is the other person aware of the referral?      Yes / No      If Yes, are they willing to mediate?

Yes / No / Don't know

Do you have a solicitor?

Yes / No

If Yes, who is your solicitor?

Do you want us to keep your solicitor informed? Yes / No

Does the other person have a solicitor? Yes / No / Don't know      If Yes, who is their solicitor?

Which office would you prefer?

Birkenhead / Burslem / Chester / Chorley / Crewe / Ellesmere Port / Knutsford / Leigh / Liverpool /  
Mold / Northwich / Ormskirk / Rhyl / Runcorn / Skelmersdale / Southport / St Helens / Stoke-on-  
Trent / Warrington / Widnes /Wigan

Do you or the other person have any special requirements? e.g. wheel chair access, interpreter

Where did you hear about us? Solicitor [ ] MNW Website [ ] Other Website [ ] Transfer from FMM [ ]

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Please Tick the appropriate box :

I, or the other person, possibly qualify for public funding/Legal Aid [ ]

I am privately paying my initial fee of £150 [ ]

Please Note, if paying privately, this fee covers the following package:

- A mediation information and assessment meeting (MIAM) for the Applicant
- A willingness test and MIAM for Other Party
- An FM1 form if necessary

The next step, either:

1. Print off this form and send it to us at **Mediation North West, Redmays, Chester Rd, Warrington, Cheshire WA4 5LP** and we will contact you, or
2. Email this form to us at [info@MediationNorthWest.co.uk](mailto:info@MediationNorthWest.co.uk) and we will contact you, or
3. Fax this form to **01925 393549** and we will contact you.

**If you have any questions regarding this form, contact us on 01925 393532**