

REFERRAL FORM

Do you require a MIAM for your client?	Yes □ No □
	Tick as appropriate
Applicant's Name:	Partner/Spouse Name:
Address:	Address:
Telephone No:	Telephone No:
Email address:	Email address:
Solicitors Name:	Solicitors Name:
Solicitors Firm:	Solicitor Firm:
Telephone No:	Telephone No:
Email:	Email:
Ref:	Ref:
Is your client likely to qualify for legal aid?	Is the partner/spouse being likely to
Yes/No	qualify for legal aid? Yes/No
CHILDREN	
Name Date of Birth	Residing with
Have there been any relevant court proceedings/involvement of social services?	
If so please provide brief details:	
What are the issues to be addressed?	
Children Issues only?	
Property and Finance?	
All issues?	

Please email enquiries at <u>enquiries@winstanleymediation.com</u> or Telephone 07949 568 101