

WM
WINSTANLEY
MEDIATION
REFERRAL FORM

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

Please email Tracy Winstanley at tracy@winstanleymediation.com or telephone 07939251024