

**REFERRAL FORM**

<b>APPLICANT</b>	<b>OTHER PARTY</b>
Name:	Name:
DOB:	DOB:
Address:	Address:
Postcode:	Postcode:
Mobile:	Mobile:
Email:	Email:
<b>SOLICITOR (If Applicable)</b>	<b>SOLICITOR (If Applicable)</b>
Solicitor:	Solicitor:
Firm:	Firm:
Address:	Address:
Has the Applicant been informed that our service will be contacting them?  YES [ ] NO [ ]	Is the Other Party aware you are making a referral to mediation?  YES [ ] NO [ ]
<b>PURPOSE OF MEDIATION</b>	
Child Arrangements [ ]	Property & Finances [ ]
All issues [ ]	
<b>REQUIRED OFFICE</b>	
Altrincham / Chester / Chorley / Crewe / Ellesmere Port / Knutsford / Leigh / Northwich / Ormskirk / Skelmersdale / Southport / St Helens / Stockport / Warrington / Widnes / Wigan	
<p>The Applicant is aware that the Initial Case Opening/MIAM package fee of £150 will cover:</p> <ul style="list-style-type: none"> <li>▪ Case Opening/Admin costs</li> <li>▪ MIAM appointments</li> <li>▪ Willingness test for the other party</li> <li>▪ C100/Form A Court Certificate</li> </ul> <p>The Applicant understands that work will not commence on a case until the Initial Case Opening/MIAM package has been paid for in full and understands we do not offer Legally Aided Mediation.</p> <p>YES [ ]</p>	
<p>Do you or the other person have any special requirements? E.g. wheel chair access, interpreter. [YES/NO]</p> <p>Where did you hear about us? Solicitor [ ] MNW Website [ ] Other Website [ ]</p>	

The next step, please either:

1. Post this form to us at Mediation North West, Redmays, Chester Rd, Warrington, Cheshire WA4 5LP
2. Email this form to us at [info@MediationNorthWest.co.uk](mailto:info@MediationNorthWest.co.uk)
3. Fax this form to 01925 393549

And our office will contact you. If you have any questions regarding this form, contact us on 01925 393532.