



## Referral Form

(for use by solicitors when referring clients to Cheltenham Mediation Services.  
Please complete and post to Festival House, Jessop Avenue, Cheltenham GL50 3SH,  
or email to [office@familymediator.org.uk](mailto:office@familymediator.org.uk))  
(please copy as required)

### Your firm / agency:

name: Reference:  
Telephone: Address:

### Your client

Their name: Telephone:  
Address:

### Your Client's Partner:

(i.e. person with whom your client is in dispute)

Their name: Telephone:  
Address:

Their solicitors if known:

The following information will be very helpful:

### Is this a Referral under the Funding Code ?

**The nature of the dispute:** Property / children / all issues / therapeutic mediation.

### Have court proceedings been issued?

### If so what type of proceedings?

### Are you aware of their having been any domestic abuse?

### Any other comments:

(e.g. names and ages of children)