

# SOUTH LONDON FAMILY CENTRE



**Supporting Children and Families**

Laburnum Court, 1 Barstow Crescent, 30 Palace Road, Streatham Hill, London, SW2 3NS

Tel: 020 8671 5843 Fax: 020 678 7844

## MEDIATION REFERRAL FORM

Your Ref No. \_\_\_\_\_

Our Ref No: **MED-**\_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_

Referral Via (Please tick)	Solicitor <input type="checkbox"/>	Info meeting <input type="checkbox"/>	S29 <input type="checkbox"/>	Friend <input type="checkbox"/>	Court <input type="checkbox"/>	Health <input type="checkbox"/>	Self <input type="checkbox"/>	Other <input type="checkbox"/>
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Client 1 Name				Client 2 Name			
Address				Address			
<b>Tel:</b>		<b>Mob:</b>		<b>Tel:</b>		<b>Mob:</b>	
Ethnicity:				Ethnicity:			
Income pa				Income pa			
Relationship				Relationship			

<b>Legal/domestic Situation</b> (Please tick)	Never Married <input type="checkbox"/>	Still Married (legally separated) <input type="checkbox"/>	Divorced (or in process) <input type="checkbox"/>	Separated <input type="checkbox"/>	LUSR <input type="checkbox"/>	Family Dispute <input type="checkbox"/>	Any Incidence of violence? <input type="checkbox"/>
<b>Children - Name</b>							
<b>Date of Birth</b>							
Issues (Please tick)	Residence <input type="checkbox"/>	Contact <input type="checkbox"/>	Finance <input type="checkbox"/>	General break up <input type="checkbox"/>	Communication <input type="checkbox"/>	Other (please specify)	

Notes	Notes
Referrer Name Address	Referrer Name Address
Tel	Tel

Intake action		Intake action	
Special needs		Special needs	
Written info sent on	by	Written info sent on	by
Assessment date	by	Assessment date	by
Alternate referral date	by	Alternate referral date	by
No show/mediation suitable/unsuitable		No show/mediation suitable/unsuitable	

Child Only	<input type="checkbox"/>
Private	<input type="checkbox"/>
AIM	<input type="checkbox"/>

**Please tell us how you heard about us**

Tick the appropriate box

- CAB
- CAFCASS
- Children's Centre \_\_\_\_\_
- Conexions
- Court \_\_\_\_\_
- Doctor's Surgery \_\_\_\_\_
- Family member/Friend
- Hospital \_\_\_\_\_
- School \_\_\_\_\_
- Solicitor \_\_\_\_\_
- Social Services \_\_\_\_\_
- Other \_\_\_\_\_

When a mediation referral form is received, both clients would be contacted by us and **separate** intake dates arranged with a mediator. After the intake meetings and the necessary funding paperwork filled out, a mediation date would be scheduled between the mediator and both clients.

How soon mediation starts depends on how soon each client comes in for their intake meeting and the schedule of our mediators. Please fill out the form legibly and as accurately as possible. Incorrect and missing information will lengthen the time it takes for the process to get started.

However if one person is unwilling to come in for mediation, we are not in a position to force them to do so. In this instance we will refer the case back to the appropriate solicitor, agency or organization.

We also offer counselling services.