

## SELF REFERRAL FORM FOR FAMILY MEDIATION SERVICE / MIAMS

Once completed please return this form to Marilyn Kenchington either by email ([marilyn.kenchington@parissmith.co.uk](mailto:marilyn.kenchington@parissmith.co.uk)). For further information or for any general enquiries about our mediation services, you can contact us by telephone (023 8048 2482).

### Please complete all sections:

#### Your information

Name .....  
Address .....  
.....  
Email .....  
Telephone .....

Address .....  
.....  
Email .....  
Telephone .....  
DX Number ..... Ref .....

#### Issues for mediation

Children ☐  
Finances ☐  
MIAMs only ☐

#### Your solicitor's information (if represented)

Name .....  
Firm .....  
Address .....  
.....  
Email .....  
Telephone .....  
DX Number ..... Ref .....

#### Any other relevant information

Please complete this section if there are more than two parties.

Have you both agreed to attend mediation? Yes / No

Do you know that public funding (legal aid) is not available through our mediation service? Yes / No

#### Partner Information

Name .....  
Address .....  
.....  
Email .....  
Telephone .....

#### Partner's solicitor's information (if represented)

Name .....  
Firm .....

#### Once completed...

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**Your referral will be dealt with on receipt. Thank you for your interest.**