



OXFORDSHIRE FAMILY MEDIATION
125 London Road, Headington, Oxford. Tel: 01865 741781 Fax: 01865 744393

REFERRAL FORM – CONFIDENTIAL
(Please complete form as fully as possible)

CLS APP7 Referral: YES/NO/UNSURE **CASE NO:**

DOES CLIENT 1 WANT US TO CONTACT CLIENT 2? YES/NO

Client 1

Name:

D.O.B:

New Partner?:

Y/N

Address:

Any special

needs?: Y/N

Need for

interpreter?: Y/N

e-mail address:

(only if OK to use for correspondence)

Telephone number: HOME:

WORK:

MOBILE:

Solicitor Name and Address:

Client 2

Name:

D.O.B:

New Partner?:

Y/N

Address:

Any special

needs?: Y/N

Need for

interpreter?: Y/N

e-mail address:

(only if OK to use for correspondence)

Telephone number: HOME:

WORK:

MOBILE:

Solicitor Name and Address:



Oxfordshire Family Mediation

T: (01865) 741 781
E: admin@ofm.org.uk

Children Names:
with:

Dates of Birth:

Living

POSSIBLE Children's ISSUES: **Child Issues** **Child Inclusive** **Property & Financial Issues** **All Issues**

Service

LEGAL

POSITION: Not Married Married (date)..... Divorced (date)..... Separated (date).....

COURT PROCEEDINGS and/or REPORT?:

D.V./C.P. ISSUES?:

WHO CONTACTED: Clt 1/Clt 2/Clt 1's Solicitor/Clt 2's Solicitor/Other (please specify)

BY: Telephone/Letter/Thru' door/Fax/Other (please specify)

VIA: Solicitor/Court/GP/Health Visitor/CAB/Family/Friend/Relate/Other (please specify)

REFERRAL TAKEN BY:

DATE OF REFERRAL:

BRIEF DETAILS:

ACTION TAKEN: (for OFM use)

DATE ACTION TAKEN: