

## Mediation Referral Form / Self-Referral Form

<b>First Person's Details</b>		
Name:		
Address:		
Post Code:		
Telephone Number:		
Email Address:		
<b>Second Person's Details</b>		
Name:		
Address:		
Post Code:		
Telephone Number:		
Email Address:		
<b>Children's Details</b>		
Child's Name:	D.O.B.:	
Living With:		
<b>Mediation Relating To</b>		
Finances	Children	All Issues
<b>Other Relevant Information</b>		
Special Needs/Disabled Access/Other (please note that it is not necessary to provide any background information as the mediator will gather this information)		

Please send your completed form to Lisa Buckridge, Purcell Solicitors.

✉ [lisa@purcellsolicitors.co.uk](mailto:lisa@purcellsolicitors.co.uk)

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