

Solicitor referral form

Full name of your client

Your client's email address

Your client's telephone number

Name of client's partner/spouse

Contact number/email of client's partner/spouse

Issues for mediation

Type of mediation if known

Eg. MIAM/Financial/Child Arrangements/Child Inclusive/Hybrid

Your email address/number

Client's partner/spouse's solicitors email/contact number

Please email this form to **hello@familymandm.co.uk**