|  |  |
| --- | --- |
| Client 1 |  |
| Name |  |
| Address |  |
| DOB |  | Telephone |  |
| Occupation |  | Email |  |
| Client 1 Solicitors  |  |
| Lawyers name |  |
| Firm  |  |
| Address |  |
| Telephone: | Email:  |

|  |  |
| --- | --- |
| Client 2 |  |
| Name |  |
| Address |  |
| DOB |  | Telephone |  |
| Occupation |  | Email |  |

|  |  |
| --- | --- |
| Client 2 Solicitors  |  |
| Lawyers name |  |
| Firm  |  |
| Address |  |
| Telephone: | Email:  |

Are there non-molestation orders? Y/N/don’t know

Are there domestic abuse issues? Y/N/don’t know

Are there safeguarding issues? Y/N/don’t know

Does either client have any disabilities or vulnerabilities Y/N/don’t know

|  |
| --- |
| Please provide further information  |

All Issues mediation Y/N

Child arrangements mediation Y/N

Financial mediation Y/N

Other Please state

Please email completed form to : tina.day@glanvilles.co.uk