

## Self referral form

Self		Other party	
Full name		Full name	
Relationship		Relationship	
Date of birth		Date of birth	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
email		email	

Your solicitor (if applicable)		Other party's solicitor (if applicable)	
Name		Name	
Address		Address	
Postcode		Postcode	
Ref no		Ref no	
Telephone		Telephone	
Fax		Fax	
email		email	

Children (please use another sheet of paper if you require extra space)			
Name	Date of birth	F <input type="checkbox"/>	M <input type="checkbox"/>
Name	Date of birth	F <input type="checkbox"/>	M <input type="checkbox"/>
Name	Date of birth	F <input type="checkbox"/>	M <input type="checkbox"/>
Name	Date of birth	F <input type="checkbox"/>	M <input type="checkbox"/>

Issues to be resolved at mediation			
Children	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Finances
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional information	

Please return this form to: Anna Vollans MyMediation 112 Street Lane Leeds LS8 2AL

