

CIVIL/COMMERCIAL REFERRAL FORM

FIRST PARTY

Name	
Address	
Name of company (<i>if relevant</i>)	
Mobile	
Alternative phone number	
Email	

SECOND PARTY

Name	
Address	
Name of company (<i>if relevant</i>)	
Mobile	
Alternative phone number	
Email	

FIRST PARTY'S SOLICITOR (*if relevant*)

Name	
Name of firm	
Address	
Telephone number	
Email	

SECOND PARTY'S SOLICITOR (*if relevant*)

Name	
Name of firm	
Address	
Telephone number	
Email	

Type of mediation required (*please tick*)

Civil	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Workplace	<input type="checkbox"/>	Business	<input type="checkbox"/>	Probate	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Amount claimed		Amount counter claimed (<i>if relevant</i>)	
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PTO

Any special circumstances we should be aware of? *(please tick)*

Domestic violence	<input type="checkbox"/>	Disability problems	<input type="checkbox"/>
Court proceedings	<input type="checkbox"/>	Other	<input type="checkbox"/>

Give brief outline of dispute0020

We can make contact with the second party in order to see if they are willing to mediate. If you would like us to do this on your behalf, an administrative fee of £100 is payable which will be credited against your mediation invoice should mediation take place.

Help us give a quick service by giving as much information as possible – lack of details can cause delays.