

# mediation / first

## Referral Form

### Your Clients Details

Client name:

Clients address:

Client's postcode:

Clients email (if known):

Client's daytime telephone number;

Client's mobile number:

### Your Details

Your name:

Name of firm:

Your address:

Postcode:

Your email address:

Direct telephone number:

DX number:

Reference:

Please complete and email this form to: [office@mediationfirst.co.uk](mailto:office@mediationfirst.co.uk)

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## Details of Other Party

Other party's name:

Other party's address:

Postcode:

Email address (if known):

Direct telephone number:

## Other Party's Solicitor's Details, if represented

Contact at other party's

solicitor: Other party's solicitor:

Solicitors address:

Postcode:

Daytime telephone number:

Email address (if known): Please

indicate the following:

Is this family or civil mediation?      Family      Civil

If family does it include:      Finance      Children

Please provide brief details of the issues. If a family mediation, please alert us to any other relevant information e.g. personal safety of clients or mediator, drugs or alcohol misuse, court proceedings, social services involvement etc.)

Please complete and email this form to: [office@mediationfirst.co.uk](mailto:office@mediationfirst.co.uk)