

Shentons

Solicitors and Mediators

Solicitor Mediation Referral Form

Thank you for your referral; please complete all sections where appropriate and return to us.

| SECTION 1 - Your Details | | Date: | |
|--------------------------|--|---------------------|--|
| Name: | | Firm's Name: | |
| Address: | | Tel No: | |
| | | Fax No: | |
| | | DX No: | |

| SECTION 2 - Client's Details | | | |
|------------------------------|--|-----------------------|--|
| Name: | | | |
| Address: | | Home Tel No: | |
| | | Mobile Tel No: | |
| Email: | | Work Tel No: | |

| SECTION 3 - Other Party's Details | | | |
|---|--|-----------------------|--|
| Name: | | | |
| Address: | | Home Tel No: | |
| | | Mobile Tel No: | |
| Email: | | Work Tel No: | |
| Are we able to contact them immediately? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Name of Solicitor Representing: | | | |
| Firm's Name: | | | |
| Address of Firm: | | | |

What issues would the clients like to discuss in mediation?

- Finance/property
- Children
- Form C100/Form A
- All of these