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**Solicitor Mediation Referral Form**

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

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| --- | --- | --- | --- |
| **SECTION 1 - Your Details Date:** Click here to enter text. | | | |
| **Name:** Click here to enter text. | | **Firm’s Name:** Click here to enter text. | |
| **Address:** | Click here to enter text. | **Tel No**: | Click here to enter text. |
| **Fax No**: | Click here to enter text. |
| **DX No:** | Click here to enter text. |

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| **SECTION 2 - Client’s Details** | | | |
| **Name**: Click here to enter text. | | | |
| **Address:** | Click here to enter text. | **Home Tel No:** | Click here to enter text. |
| **Mobile Tel No**: | Click here to enter text. |
| **Email:** | Click here to enter text. | **Work Tel No:** | Click here to enter text. |

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| **SECTION 3 - Other Party’s Details** | | | | |
| **Name:** Click here to enter text. | | | | |
| **Address**: | Click here to enter text. | | **Home Tel No**: | Click here to enter text. |
| **Mobile Tel No:** | Click here to enter text. |
| **Email**: | Click here to enter text. | | **Work Tel No:** | Click here to enter text. |
| **Are we able to contact them immediately? Yes  No** | | | | |
| **Name of Solicitor Representing**: Click here to enter text. | | | | |
| **Firm’s Name:** Click here to enter text. | | | | |
| **Address of Firm:** | | Click here to enter text. | | |

**What issues would the clients like to discuss in mediation?**

Finance/property

Children

Form C100/Form A

All of these