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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