**Solicitors Referral Form**

**Your Clients Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **e-mail (if known):** |  |
| **Daytime phone number;** |  |
| **Mobile number:** |  |

**Your Details**

|  |  |
| --- | --- |
| **Name of solicitor:** |  |
| **Name of firm:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **e-mail (if known):** |  |
| **Daytime phone number;** |  |
| **DX number:** |  |
| **Client ref:** |  |

**Please complete and email this form to:** [**carlison@cvm-mediation.com**](mailto:carlison@cvm-mediation.com)

**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: (click box to check)**

Is this: Family mediation  Civil mediation

or Workplace and Employment related mediation

If family does it include: Family Finance  Civil  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.)**