**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**

**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.)**