



<b>OFFICE USE ONLY</b>	
Ref:	
Date Rec'd	

Please return this form by either fax, email attachment or by post.

<b>FUNDING</b>		
	<b>Yes</b>	<b>No</b>
Private		
Legal Help & Help at Court		

<b>PARTIES DETAILS</b>			
<b>First Party</b>		<b>Second Party</b>	
Name D.O.B Address		Name D.O.B Address	
Home Tel Work Tel: Mobile Tel		Home Tel Work Tel Mobile Tel	
Special Needs :		Special Needs :	
Physical Mental		Physical Mental	
<b>(N.B. Facilities for the Disabled are available by prior arrangement)</b>			

<b>Availability for Interview</b>	<b>Availability for Interview</b>

<b>SOLICITORS DETAILS</b>			
Name Address		Name Address	
Reference: Tel No: Fax No:		Reference Tel No: Fax No:	

**DETAILS**

(Please place a cross in the box that corresponds with your answer.)

1. How does your Client wish the initial meeting to be arranged?

Separately	
Jointly	
If jointly, is the other party likely to agree?	Yes
	No

2. Please outline the situation:

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3. Is there a Degree of Urgency?

Yes

No

Why?

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4. Has the Court or any other agency been involved, either now or previously?

Yes

If Yes, please give details.

No

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5. Have the other Party's Solicitors agreed to referral?

Yes

No

Unkown

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6. Is the other Party aware of the referral?

Yes

No

Unkown

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7. Is the other party willing to attend Mediation?

Yes

No

Unkown

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8. Areas/Issues for Mediation

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**Referred by:****Address****Solicitor:****Signed:**

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