**MEDIATION REFERRAL FORM**

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| --- | --- |
| **REFERRING SOLICITORS** | |
| Name: | Email |
| Firm Name: | Tel: |
| Address: | Fax No |
|  | DX: |
| Position held: | |
| **REFERRING PARTY** | |
| Name: | Email: |
| Company Name: | Work Tel: |
| Address: | Home Tel: |
|  | Mobile: |
| Position within Company: | |
| **OTHER PARTY’S DETAILS** | |
| Name: | Email: |
| Company Name: | Work Tel: |
| Address | Home Tel: |
|  | Mobile: |
| Position within Company: | |
| Name of Solicitor: | Email: |
| Name of Firm: | Tel: |
| Address: | Fax No: |
|  | DX: |
| **Have all parties consented to the Mediation?** | |
| Yes | No |
| **Details of Court / Tribunal or other proceedings:** | |
| Case Number: | |
| Name of Court: | |
| Date of Issue: | |
| Date of next hearing: | |
| Claimant: | |
| Defendant / Respondent: | |
| Amount in Dispute: | |
| **Please provide a brief description of the nature of the dispute:** | |
|  | |
| **Where is it proposed for the mediation to take place?** | |
| Hanratty & Co Offices, Newtown, Powys | Other: |
| **Please confirm who will be attending the Mediation:** | |
|  | |
| **How did you hear about Hanratty & Co Civil and Commercial Mediation Service?** | |
|  | |

**Please return the completed referral form to:**

Miss Ceri Edwards LLB (Hons)

Solicitor

ADR Group Accredited Civil and Commercial Mediator

E: [ceriedwards@hanrattylaw.com](mailto:ceriedwards@hanrattylaw.com)

F: 01686 626 239

A: Hanratty & Co, Shortbridge Street, Newtown, Powys, SY16 2LW