

Mediation Referral Form

Edmondson Hall

We are able to hold mediation sessions at our offices, or elsewhere, by prior arrangement.

Please send completed referral form to sgummer@edmondsonhall.com

Part 1 – Name and address of referring solicitor

Name:	
Address:	
Postcode:	
Telephone number (s):	
Email address:	

Part 2 – Name and address of your client

Name:	
Address:	
Postcode:	
Date of birth:	
Telephone numbers (s):	
Email address:	

Part 3 – Name and address of spouse/partner/other party

Name:	
Address:	
Postcode:	
Date of birth:	
Telephone number (s):	
Email address:	

Part 4 – Names and address of other party's solicitors (if any):

Firm Name:	
Contact Name:	
Address:	
Postcode:	
Telephone number (s):	
Email address:	

Part 5 – What issues do the clients want to resolve in mediation?

Please tick as appropriate

- All issues
- Children
- Financial
- Civil dispute

Specific Issues:

Please detail

Edmondson Hall Professional Mediation Referral

Part 6 – Are there any issues of:

Please tick as appropriate

Urgency

Domestic Violence

Disability

Language

Financial

Specific issue:

Please detail

Part 7 – Funding

Please tick as appropriate

Private

Public Funding

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