



# Mediation Assured

## Solicitor or Third Party Referral Form

Mediation Assured  
8A Avenham Terrace  
Preston  
PR1 3SY  
Telephone: 07783533100  
E-mail: info@mediationassured.eu

Date .....

### PLEASE COMPLETE ALL OF THIS SECTION:

Is the issue relating to:	Civil/Commercial/Community, Medical negligence
Are you looking for authorised representation for mediation?	Yes / No
Do you want to request call back? If yes, please give details, when is the best time to contact you and/or your client.	Yes/No

<b>REFERRER DETAILS</b>	
-------------------------	--

### PLEASE COMPLETE AS FULLY AS POSSIBLE:

<b>Name</b>	Referred Client Name (A).	Other Party Name (B) Relationship to referred client A: <i>(Please give details of relationship )</i>
<b>Address</b>		
<b>Mobile No</b>		
<b>Home No</b>		
<b>E-Mail Address</b>		
<b>Solicitor Details (if any)</b>		

THANK YOU FOR THIS REFERRAL – please email this form to info@mediationassured.eu