

SPICKETTS BATTRICK MEDIATION REFERRAL FORM

Client's Personal Details

Full Name: Date of Birth:
Home Address: Tel No:
..... Mobile:
.....
Postcode:
Email:

Referrer's Details

Your Name Firm Name.....
Address..... Ref
.....
DX.....
Tel

Are there any issues of domestic violence? Yes/No
Do you wish for your clients to be seen separately? Yes/No
Which office is most convenient for the client? Cardiff/Pontypridd/Talbot Green
Issues Child/Finances/All issues.

Other Party's Details

Full Name: Date of Birth:
Home Address: Tel No:
..... Mobile:
.....
Postcode:
Email:

Other Party's Solicitor

Name Firm Name.....
Address..... Ref
.....
DX.....
Tel

Please either fax or post this form to Mrs Lisa Pearce at Spicketts Battrick Mediation, 3-4 Gelliwastad Road, Pontypridd, R.C.T., CF37 2AU.

Tel No: 01443 407221 FAX: 029 20487505

Or Email to: enquiries@sbwales.com

THIS SECTION TO BE COMPLETED BY SPICKETTS BATTRICK MEDIATION

Has a conflict of interest search been carried out?

Yes/No

Result of check:

Conflict/No Conflict

Initials of person carrying out search:

Date of conflict check: