



# GREENS

MEDIATION SERVICES

Please email your completed referral form to [dianne.hooper@greensmediation.org](mailto:dianne.hooper@greensmediation.org) or call 0121 233 2090  
Greens Mediation 8<sup>th</sup> Floor Temple Point, 1 Temple Row, Birmingham B2 5LG

Applicant	
Name:	
Address:	
Post Code:	
Work Tel:	
Home Tel:	
Mobile:	
Email:	
Date of Birth:	
Occupation:	
NI Number:	
Referral From:	

Other Party	
Name:	
Address:	
Post Code:	
Work Tel:	
Home Tel:	
Mobile:	
Email:	
Date of Birth:	
Occupation:	
NI Number:	

Solicitor's Details (if applicable)	
Name:	
Firm:	
Address:	
Post Code:	
Tel No:	
Fax No:	
Email:	
DX No:	

Solicitor's Details (if applicable)	
Name:	
Firm:	
Address:	
Post Code:	
Tel No:	
Fax No:	
Email:	
DX No:	

Details of the dispute:
Details of any court / tribunal / other proceedings: Case Number: ..... Name of Court: ..... Date of Issue: .....

Date of next hearing: .....

Claimant: .....

Defendant / Respondent: .....

Amount in dispute: .....

Amount of any counterclaim: .....

Costs to date: .....

Who is likely to attend to mediation? .....

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**Outline of the dispute:**

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Other Details:		
Has either party made a previous referral to Greens Mediation?	Yes	No
Are there restrictions on any address or phone number?	Yes	No
Have all parties agreed to mediation?	Yes	No
Preferred location for the mediation? _____		
Preferred mediator? _____		
Are parties willing to wait in the same waiting room?	Yes	No
Will parties attending have authority to settle the dispute?	Yes	No
Are any special facilities required, for example due to a disability?	Yes	No
Details _____		
Is the other party aware of this referral?	Yes	No