



SMG Mediation Referral Form

5 Chancery Lane, London, WC2A 1LG

T: 0207 406 1456

www.smgmediation.co.uk

Referring solicitor's details if applies:

Solicitor's Name/ref: .

Firm Name and Address:

Tel:

Email:

Referring party's details:

Name:

Address:

Tel:

Occupation:

Email:

Is the Mediation sought concerning: (please circle)

Civil/Commercial

Employment

Workplace

Family

Have all parties consented to mediation? Yes No

The Other party's solicitor's details if applies:

Solicitor's Name/ref: .

Firm Name and Address:

Tel:

Email:

The Other party's details:

Name:

Address:

Tel:

Occupation:

Email:

Court Proceedings:

Has court proceedings commenced? Yes No

Date of court hearing:

Next court hearing:

Any other professionals involved with either party? If so, please provide details:

Amount in dispute:

Mediation: (please tick)

Preferred Timing to have Mediation:

ASAP 2 Weeks 1 Month 2 Months 4 Months

Preferred Location to have Mediation:

North-London East-London West-London South-London

Other Town Name/Postcode:

Online

Dates Unavailable for Mediation:

Any additional issues you wish to makes us aware of?

(e.g Authorities involvement/Mental Health issues)