|  |  |
| --- | --- |
| **Name:** *(Person completing this form on behalf of all parties)* |   |
| **Email:** |  |
| **Telephone:** |  |
| **Full Case Name:** *(as the parties wish it to appear on the Mediation Agreement and all corresponding paperwork)* |  |
| **Total Amount of Claim:** *(including any interest and costs)* |   |
| **Total Amount of Counter Claim:** *(including any interest and costs)* |  |
| **Mediator:** | ALISTAIR PYE  |
| **Date of Mediation:** |   |
| **Confirmed venue:** *(if agreed at this stage)* |  |
| **Confirmed online platform:** *(if agreed at this stage)* |  |
| **Brief Details of Claim:***(Type of dispute/area of law. Include Court name and Claim Number if applicable)* |  |
|  **Solicitors/Parties Contact Details:** |
| **Claimant/Applicant Solicitors:***(Name, address, tel no and email for solicitor with conduct of the matter)* |  |
| **Defendant/Respondent Solicitors:***(Name, address, tel no and email for solicitor with conduct of the matter)* |  |
| **Further Parties (if any):***(Name, address, tel no and email for solicitor with conduct of the matter)* |  |
| **Agreed Fees:** *(if any)* |  |
| **Fees to be split equally between above named parties?**  | . |
| **Attendees names and positions:***(if known at this stage)* |  |
| **How did you hear about us?***(Please highlight or delete where appropriate)* | Returning Client / Used Before  |
| **Would you or any of your colleagues like to receive Alistair’s monthly newsletter / blog?** *(Please provide email addresses of any additional colleagues)(Please highlight or delete as appropriate)* |  Yes / No |

**THANK YOU**