

APPLICATION FOR MEDIATION

NAME AND CONTACT DETAILS OF THE PERSON COMPLETING THIS FORM

Name	First Name:		
	Last Name:		
Organisation (if applicable)			
Address			
Telephone	Landline:	Mobile:	
Email			

PARTIES' DETAILS

Party 1	First Name:		
	Last Name:		
Organisation (if applicable)			
Party 2	First Name:		
	Last Name:		
Organisation (if applicable)			

Where 3 or more parties are involved,
please provide further details

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REFERRAL TO MEDIATION

Do all Parties agree to refer their dispute to Mediation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mediation Preference	Full Day <input type="checkbox"/>	Half Day <input type="checkbox"/>
List all mutually available dates (or date ranges) in the next two (2) months		

LEGAL PROCEEDINGS (IF APPLICABLE)

Court	
File Number	

DESCRIPTION OF DISPUTE

Briefly describe the nature of the dispute	
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PARTIES' LEGAL REPRESENTATIVES

Party 1 Representative	Name:		
	Organisation:		
	Postal address:		
		State:	Postcode:
Telephone	Landline:		Mobile:
Email			

Party 2 Representative	Name:		
	Organisation:		
	Postal address:		
		State:	Postcode:
Telephone	Landline:		Mobile:
Email			

SIGNATURE

Signature		Date	
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Please email the completed application to enquiries@hamiltonblackstone.com