

REFERRAL FORM
CONFIDENTIAL

Please complete form in type or BLOCK CAPITALS.
If you need more space please use continuation sheets. If you need any help filling in the form please contact us on 0207 263 2553.

1. Your details	
Full name:	
Company/organisation (if applicable):	
Address:	
	Postcode:
Telephone:	Telephone (mobile):
Email:	

If represented (you do not need to be represented):

Name of representative:
Email:
Telephone:

2. Details of other party	
Full name:	
Company/organisation (if applicable):	
Address:	
	Postcode:
Telephone:	Telephone (mobile):
Email:	

If represented:

Name of representative (if known):
Email:
Telephone:

3. Details of any other party

If there are any other parties. How many?

Full name:

Company/organisation (if applicable):

Address:

Telephone:

Postcode:

Email:

Telephone (mobile):

If represented:

Name of representative (if known):

Email:

Telephone:

4. Dispute description

Please describe the dispute or claim. This description can be as brief as you like.

5. Desired outcome

Please describe what outcome or result you would like, if known.

6. Amount in dispute

What is the amount or value of the claim or dispute?

7. Is the referral agreed?

Is the referral agreed by the other parties? Yes No

If not would you like us to approach any other party for their agreement to a referral?

Yes No

We would like Centre for Justice to resolve this dispute on its usual terms and conditions.

Signature:

Name:

Date:

Please return the form:

By post

Centre for Justice
29 Throgmorton Street
London
EC2N 2AT

By email

info@centreforjustice.org

By fax

0207 281 6929

Centre for Justice
29 Throgmorton Street
London EC2N 2AT
Tel: 020 7263 2553
Fax: 020 7281 6929
Email: info@centreforjustice.org
www.centreforjustice.org

Referral form - continuation sheet

8. Details of any further party

If there are there any other parties. How many?

Full name:

Company/organisation (if applicable):

Address:

Postcode:

Telephone:

Telephone (mobile):

Email:

If represented:

Name of representative (if known):

Email:

Telephone:

9. Other details (continuation):