

GLEAMED information form

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|---|----------------|----------------|--------------------|
| Nature of the dispute: | | | |
| Parties | Party 1 | Party 2 | Other Party |
| Name | | | |
| Address | | | |
| Tel:- | | | |
| - Home | | | |
| - Work | | | |
| - Mobile | | | |
| Email | | | |
| Solicitor / Adviser's Name | | | |
| Firm's Name | | | |
| Firm's Address | | | |
| Whether to attend mediation | Yes/ No | Yes/ No | Yes/ No |
| First Person to Contact | | | |
| Preferred Location for the mediation | | | |
| Whether a site visit is needed | Yes/ No | Yes/ No | Yes/ No |