



Community Mediation Marlborough Referral Form

If you require further information please contact Stephanie 035779919

Party A

Name:.....

Phone:.....

Address:.....

Party B:.....

Name:.....

Phone:.....

Address:.....

Nature of

Dispute:.....

.....

.....

.....

.....

Referring Agency.....

.....

Name:.....

Send to Community Mediation Marlborough

C/- Community Law PO Box 584, Blenheim

All communication conducted as part of the mediation process is confidential