**REGISTRATION FORM FOR ELEMENTAL MEDIATION**

**Introduction;**

**The purpose of this form is to provide information to the Mediator which is already common to the parties and may be in dispute. Please do not include any confidential information at this stage.**

The following steps should be followed;

* Claimant to complete form and send to Defendant for completion
* Defendant completes form and sends back to Complete Mediation ensuring the Claimant is copied in so they can see the Defendants comments.
* A mediator is appointed and the Elemental timeline commences.

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| --- | --- | --- |
|  | **Parties** | |
| Claimant: |  |
| Defendant: |  |
| Other: |  |
|  | **Nature of Dispute** | |
|  | |
|  | **Date of Accident/Dispute Arising** | |
|  | |
|  | **Is liability admitted?** | Yes  No |
|  | **What damages is Claimant seeking to recover?** | |
| Personal injury – please describe nature of injury, treatment, recovery period and, if appropriate, residual symptoms. |  |
| Loss and damage – please describe nature of loss and quantify. |  |
|  | **Defendant's non-confidential comments** | |
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