



**Alistair Forsyth Ygr of that Ilk**  
Advocate and Barrister at Law  
CEDR Accredited Mediator

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### **Direct Access contact form**

Please send the filled-in form to: [alistair@forsyth-barrister.co.uk](mailto:alistair@forsyth-barrister.co.uk)

**First Name:** \_\_\_\_\_

*(required)*

**Last Name:** \_\_\_\_\_

*(required)*

**Address line 1:** \_\_\_\_\_

*(required)*

**Address line 2:** \_\_\_\_\_

*(required)*

**City:** \_\_\_\_\_

*(required)*

**Postcode:** \_\_\_\_\_

*(required)*

**County/State:** \_\_\_\_\_

**Country:** \_\_\_\_\_

*(required)*

**Email:** \_\_\_\_\_

*(required)*

**Phone:** \_\_\_\_\_

*(required)*

**Full name of other involved parties:**

*(required)*

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**Who are you enquiring on behalf of?***(required)*

- Myself
- Someone else

**How would you like us to contact you?***(required)*

- Telephone
- Email

**Case Type:***(required)*

- Banking and Financial Services
- Business and Corporate
- Charities
- Clinical Negligence
- Commercial
- Employment and Pensions
- Health and Safety

- Inquests and Public Inquiries
- Insurance and Reinsurance
- Personal injury
- Professional Discipline
- Professional Negligence
- Regulatory
- Travel
- Wills and Probate

**Work required:***(required)*

- Mediation
- Drafting a settlement agreement
- Drafting documents for court
- Written advice on what my rights are or how things might work out
- Representation at court
- Other

**Have you already been to see a solicitor, barrister or legal advisor regarding your case?***(required)*

- Yes
- No

*(please provide further information if so)*

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**Are there currently any court proceedings/tribunals in progress?**

*(required)*

- Yes
- No

**Please give us a brief outline of your case:**

*(required)*

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**Please detail the amount of paperwork involved and its nature:**

*(required)*

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**Are there any forthcoming hearing dates or deadlines:**

*(required)*

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**Are there likely to be expert evidence?**

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**What do you hope to achieve in your hearing?**

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**Individuals only: are you in receipt of Legal Aid?**

*(required)*

- Yes
- No

**Other remarks/comments:**