**MiD Mediation Referral Form**

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in as much as you can and return the form by email or post, we will then contact you to arrange your Mediation Information Assessment Meeting (MIAM) with one of our experienced mediators.

**Your details: Other Party details:**

Name: Name:

Address: Address:

Postcode: Postcode:

Local Authority: Local Authority:

Tel – Res: Tel – Res:

Tel – Bus: Tel – Bus:

Tel – Mob: Tel – Mob:

E-Mail Address: E-Mail Address:

Occupation: Occupation:

D.O.B: D.O.B:

N.I.N: N.I.N:

**Are there any domestic violence concerns:** Yes / No

Please comment with brief details:

**Details of Children involved:**

**Name M/F D.O.B. Age Living with**

**What issues would you like mediation for:** (Please tick what applies)

All Issues [ ] Children Only [ ] Property and Finance Only[ ] Other (please specify)

**Solicitor Details:** (if known)

Solicitor: Solicitor:

Address: Address:

Postcode: Postcode:

Telephone: Telephone:

**Do you or the other party have any additional needs? e.g. interpreter**

**Current situation:** Please complete where relevant

Married [ ] Not married [ ] Married/Living together since:\_\_\_\_\_\_\_ Date of separation:\_\_\_\_\_\_\_

Date of divorce petition:\_\_\_\_\_\_\_\_ Petitioner?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date decree nisi:\_\_\_\_\_\_\_\_\_

Date decree absolute:\_\_\_\_\_\_\_\_\_ Last court hearing date:\_\_\_\_\_\_\_\_\_ Future court dates:\_\_\_\_\_\_\_

**We routinely contact the Second Party once your case is opened. Please indicate how you would like us to proceed.**

□ Yes please, contact the other party, once my case is opened and I have arranged a MIAM appointment

□ No thank you. Do not contact the other party until I have attended a MIAM

We offer appointments on Monday – Friday between the hours of 8.30am to 5pm

Your availability for appointments: Other Party’s availability for appointments:

Further Comments:

How did you find out about MiD (please tick the appropriate box)?

Google Search □ Leaflet in library / community centre □ Citizen’s Advice Bureau □ Solicitor □

NFM Website □ Family Mediation Council / Other National Service □ Family Court □ Facebook □ Other (please specify) □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnic Origins**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Client 1 | Client 2 |
| 00 | Other |  |  |
| 01 | White British |  |  |
| 02 | White Irish |  |  |
| 03 | Black or Black British African |  |  |
| 04 | Black or Black British Caribbean |  |  |
| 05 | Black or Black British Other |  |  |
| 06 | Asian or Asian British Indian |  |  |
| 07 | Asian or Asian British Pakistani |  |  |
| 08 | Asian or Asian British Bangladeshi |  |  |
| 09 | Chinese |  |  |
| 10 | Mixed White and Black Caribbean |  |  |
| 11 | Mixed White and Black African |  |  |
| 12 | Mixed White and Asian |  |  |
| 13 | Mixed Other |  |  |
| 14 | White Other |  |  |
| 15 | Asian or Asian British Other |  |  |
| 99 | Unknown |  |  |
| Ref | Refused |  |  |

|  |  |  |
| --- | --- | --- |
|  | CLIENT 1 | CLIENT 2 |
| DISABILITY | Not considered disabled  Hearing Impaired  Deaf  Visually Impaired  Blind  Mobility Impairment  Long Standing Illness  Mental Health Condition  Learning Disability/Difficulty  Other  Unknown | Not considered disabled  Hearing Impaired  Deaf  Visually Impaired  Blind  Mobility Impairment  Long Standing Illness  Mental Health Condition  Learning Disability/Difficulty  Other  Unknown |

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