A close-up of a logo

Description automatically generated**REFERRAL FORM - REQUEST FOR A MIAM**

Administration Office, St Marys Court, Block A St Marys Gate, Chesterfield, S41 7TD

Tel: 01623 706020 Email: [enquiries@midlandsdove.co.uk](mailto:enquiries@midlandsdove.co.uk)

**WHAT YOU NEED TO DO NOW**

1. **COMPLETE THIS REFERRAL FORM IN FULL**
2. **CONFIRM YOUR IDENTITY** - We require two forms of ID to confirm your Identity. Please provide evidence of your Photo ID (Passport or Drivers Licence) and Address ID (Utility Bill or Bank Statement). If you do not have any photo ID, we will accept two forms of address ID. If you are unsure, please refer to our ID Checklist
3. **RETURN THIS REFERRAL FORM** to [enquiries@midlandsdove.co.uk](mailto:enquiries@midlandsdove.co.uk) together with evidence of your ID. We can accept images of the referral and ID by SMS/WhatsApp to 07469158975

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ONLINE ASSESSMENTS/MEDIATION:**  Please mark which remote platform you prefer: -  **Zoom Meetings** (free download) **FaceTime** (Apple devices) **WhatsApp** (free download)  If you have elected to use WhatsApp as your remote platform, please be aware that due to the Administration of WhatsApp, we cannot guarantee that this platform is GDPR compliant. To utilise this platform despite this knowledge please sign here to confirm your consent to continue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **OFFICE ASSESSMENTS/MEDIATION:** (Office assessments are subject to availability)  Please mark which office you would prefer to attend:-  **Mansfield, Nottinghamshire Chesterfield, Derbyshire** | | | | | | | | | |
| Has either of you been referred to us previously? | | | | Yes No | | | | | |
| Is the second Party aware of the referral? | | | | Yes No | | | | | |
| If yes are they willing to attend Mediation? | | | | Yes No Not known | | | | | |
| If NO, do you feel there is a reason they shouldn’t be made aware. There is an expectation (from the FMSB) that all parties will be informed of a referral? | | | | No Yes | | | | | |
| Is domestic violence/ abuse an issue? | | | | Yes No | | | | | |
| Are there any Orders / Bail Conditions? | | | | No Yes – send a copy of any Orders /provide details | | | | | |
| **PARTY 1** | | | | **PARTY 2** | | | | | |
| Title |  | | | Title | |  | | | |
| Name |  | | | Name | |  | | | |
| Address |  | | | Address | |  | | | |
| Post Code |  | | | Post Code | |  | | | |
| Mobile Number |  | | | Mobile Number | |  | | | |
| Email address: | | | | Email address: | | | | | |
| D.O.B | | | Age | D.O.B | | | | Age | |
| Disabilities |  | | | Disabilities | |  | | | |
| Special Needs |  | | | Special Needs | |  | | | |
| **PARTY 1 SOLICITOR** | | | | **PARTY 2 SOLICITOR** | | | | | |
| Firm |  | | | Firm | |  | | | |
| Address |  | | | Address | |  | | | |
| Telephone |  | | | Telephone | |  | | | |
| Email |  | | | Email | |  | | | |
| **CHILDREN** | | | | | | | | | |
| Name | | | | Sex | D.O.B | | Age | | Who does child/ren live with? A or B |
|  | | | |  |  | |  | |  |
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| **TYPE OF MEDIATION** | | | | **ANY SPECIAL PROVISIONS** | | | | | |
| * Children * All Issues | | * Property & Finances   Child Inclusive Mediation | | **(eg separate waiting area) or other Information we may need?:** | | | | | |
| **DISPUTE - Tell us what would be on your agenda to discuss with the other party:-** | | | | | | | | | |
| **The information provided by you in this document will not be shared, and will be securely stored and destroyed in line with our privacy policy.** | | | | | | | | | |

**A MIAM APPOINTMENT WILL BE SCHEDULED ONCE ID AND**

**PAYMENT HAS BEEN RECEIVED**