

**FAMILY MEDIATION REFERRAL FORM**

In order to make a MIAM appointment for your client, please complete this form.

**MIAM Fee £99**

Please confirm if you are making the payment or if we are to collect it directly from your client

*The fee is refundable if your client proves eligible for legal aid.*

**Your client Other party**

|  |  |
| --- | --- |
| Title (Mr/Mrs etc) |  |
| Full name |   |
| Address |  |
| DOB |  |
| Telephone |  |
| Email |  |

**Details of children**

|  |  |  |
| --- | --- | --- |
| Full name | Date of birth | Living with |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Solicitor Details Other party’s solicitor**

|  |  |
| --- | --- |
| Solicitor name |  |
| Tel No |  |
| Company |  |
| Email |  |
| Address  |  |

**What are the issues for mediation?**

[ ] Child related matters (contact, residence, shared care, maintenance)

[ ] Property and financial matters (savings, pensions, family home, assets, debts)

[ ] All issues (children plus property and finance)

[ ] Other matters (please specify) – pls note, if out of scope for Legal Aid, full fees are applicable:

**Child protection and safeguarding**

* Are there any child protection concerns the mediator should be aware of?
* Are there any court orders/injunctions currently in place? Please give details or attach order/injunction
* Please give dates /details of any future court hearings:

**Appointments:**

Please advise of any **special arrangements** required (eg wheelchair access, interpreter/language etc)

**Please return the completed form to** **office@wyfms.co.uk** **Thank you**