

**REQUEST FOR A MIAM**

HUB – 27-28 St John Street, Mansfield

Nottinghamshire, NG18 1QJ

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

**WHAT YOU NEED TO DO NOW**

1. **COMPLETE THIS REFERRALFORM IN FULL**
2. **CONFIRM YOUR IDENTITY**

We require from your 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 still unsure, please refer to our Guide ‘ID Checklist’ which was attached to our initial email to you.

1. **CONFIRM HOW WILL YOUR ASSESSMENT (MIAM) BE PAID?**

We undertake private and publicly funded mediation. You can access the Legal Aid Eligibility Calculator yourself at <http://civil-eligibility-calculator.justice.gov.uk> or [www.gov.uk/check-legal-aid](http://www.gov.uk/check-legal-aid)

If you receive Income Support (IS), Universal Credit (UC), Income Related Employment and Support Allowance (IRESA), Income Based Job Seekers Allowance (IBJSA) or Pension Guarantee Credit (PGC) you may be entitled to Free Mediation.   If you are in receipt of one of these passporting benefits, you need to provide to us:-

* **Letter from paying Agency** i.e. Department for Work and Pensions, Jobcentre Plus, Pension Service confirming receipt/entitlement of the benefit – This can be up to 5 months old.
* **Evidence you have received a benefit payment within the last 4 weeks** i.e. Bank Statement/ Bank Screenshot showing the payment credited to you.
* **If you are in receipt of UC**, we will accept screenshots from your UC Portal being the Homepage, Statements and Payments page together with the bank confirmation of payment mention above

If you CANNOT obtain the financial evidence required for the Assessment you will be asked to pay for your Assessment Meeting.

**Please note** receipt of benefits does not automatically mean you will be entitled to Public Funding – the Mediator will confirm eligibility and may request further information regarding your Capital to comply with the Legal Aid Regulations before being able to complete your MIAM

**Please ‘X’ which option applies to you?**

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| --- | --- | --- | --- |
| **OPTION 1** | ***I will be paying privately and enclose/attach two forms of ID*** | ***We will contact you to arrange an appointment and obtain payment*** |  |
| **OPTION 2** | ***I am receiving a PASSPORTING BENEFIT and wish to be assessed for Public Funding. I enclose /attach 2 forms of ID and copies of my benefit status/savings and confirmation of last payment received (within the last 4 weeks)*** | **Once your preliminary benefit evidence has been checked, we will contact you to discuss missing information or if complete arrange an appointment for your MIAM** |  |
| **OPTION 3** | ***I wish to undertake a Full Assessment for Public Funding – I enclose/attach 2 forms of ID*** | **We will call to arrange a date for the Assessment of your eligibility and documents which we will need from you.** |  |

1. **RETURN THIS REFERRAL FORM** to [enquiries@midlandsdove.co.uk](mailto:enquiries@midlandsdove.co.uk) together with ALL evidence of your Income and ID. We can also accept images of your income and ID by SMS to 07469158975

**WE CANNOT OFFER A MIAM APPOINTMENT UNTIL DOCUMENTATION CONFIRMING ELIGIBILITY AND ID HAS BEEN RECEIVED**

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| --- | --- |
| **PLEASE READ AND FULLY COMPLETE THIS FORM BEFORE RETURNING WITH THE REQUIRED ATTACHMENTS - INCOMPLETE INFORMATION WILL DELAY YOUR MATTER BEING DEALT WITH** | |
| Has either of you been referred to us previously?  Is the second Party aware of the referral?  If yes are they willing to attend Mediation?  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? | Yes No  Yes No  Yes No Not known  No Yes Reason for discussion in MIAM |
| Is domestic violence/ abuse an issue?  Any Orders / Bail Conditions? | Yes No  No Yes send a copy of any Order/ Provide details |
| **ON LINE ASSESSMENT PLATFORM MEDIATION** | |
| Please mark which remote platform you prefer: -  **Zoom Cloud 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 signed here to confirm your consent to continue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Office Assessment: Derbyshire Nottinghamshire Leicestershire Other venue**  **Office assessments are not available at each office every day and are subject to availability** | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Party 1 IDENTITY | | | | | Party 2 IDENTITY | | | | | | |
| Title\* |  | | | | Title\* | |  | | | | |
| Name\* |  | | | | Name\* | |  | | | | |
| Address\*  Post Code |  | | | | Address\*or  Post Code | |  | | | | |
| Mobile Number\* |  | | | | Mobile Number \* | |  | | | | |
| Landline No |  | | | | Landline No | |  | | | | |
| Email: | | | | | Email: | | | | | | |
| Date of Birth |  | Age |  | | Date of Birth | |  | | | Age |  |
| Special Needs | Yes No | | | | Special Needs | | Yes No | | | | |
| **Disabilities\*** | **No Yes – Please specify below** | | | | **Disabilities\*** | | **No Yes – please specify below** | | | | |
| **Solicitor\*** |  | | | | **Solicitor \*** | |  | | | | |
| **Firm** |  | | | | **Firm** | |  | | | | |
| Address (preferably DX address) |  | | | | Address (preferably DX address) | |  | | | | |
| Telephone \* |  | | | | Telephone \* | |  | | | | |
| Email \* |  | | | | Email \* | |  | | | | |
| **CHILDREN** | | | | | | | | | | | |
| Name | | | | Sex F /M | | Age | | DOB | Who live with?  Party 1 -2 - other | | |
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| **TYPE OF MEDIATION**  ○Children Only ○Child Inclusive Mediation  ○Property and Finance ○All Issues | | | | **Any Special Provisions**  **(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, will be securely stored and destroyed in line with our privacy policy.** | | | | | | | | | | | |