

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

WHAT YOU NEED TO DO NOW

- COMPLETE THIS REFERRAL FORM IN FULL**
- 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
- RETURN THIS REFERRAL FORM** to enquiries@midlandsdove.co.uk together with evidence of your ID. We can accept images of the referral and ID by SMS/WhatsApp to **07469158975**

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: (<u>Office assessments are subject to availability</u>) Please mark which office you would prefer to attend:-			
<input type="checkbox"/> Mansfield, Nottinghamshire		<input type="checkbox"/> 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	

