

Guidance notes for completing the ‘Anderson Mediation’ mediation and MIAM referral form

These notes are to be read in conjunction with the ‘Anderson Mediation’, mediation and MIAM referral form. Please read them carefully because an accurately and fully completed form will help me prepare for any assessment meeting arranged.

It is helpful to know whether you have spoken to either the other person or their legal representative about a referral or not. Where at all possible, a joint referral is likely to lead to a better outcome. I also need to know whether the client is being referred for mediation assessment or a Mediation Information and Assessment Meeting (MIAM).

I will usually contact your client and the other person by email if their email addresses are provided, but please only provide for your client if you are sure that it is a secure address. Similarly, please indicate on the form whether or not the postal address is confidential.

There is scope on the second page for quite a lot of additional information to be provided. Please answer all the questions, even if it is to say “no”.

Finally, please return the form to me by email to Elisabet Anderson at elisabet@andmediation.com

Stephen G Anderson

MEDIATION REFERRAL?		OR	MEDIATION INFORMATION AND ASSESSMENT MEETING (MIAM)?	
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01473 487427
elisabet@andmediation.com

YOUR CLIENT	OTHER PERSON
	Are they aware <input type="checkbox"/> or unaware <input type="checkbox"/> of the referral?
TITLE: MR/MRS/MS/MISS/OTHER	TITLE: MR/MRS/MS/MISS/OTHER
NAME:	NAME:
DATE OF BIRTH:	DATE OF BIRTH:
ADDRESS:	ADDRESS:
Is this address confidential from the other party? YES/NO	Is this address confidential from the other party? YES/NO
EMAIL:	EMAIL:
TELEPHONE NUMBERS: Home: Work: Mobile: (Please mark any preference with a tick)	TELEPHONE NUMBERS: Home: Work: Mobile: (Please mark any preference with a tick)
CHILDREN Ages of any children: And whom they are living with:	CHILDREN Ages of any children: And whom they are living with:
Eligible for public funding? YES/NO/UNSURE Funding Code Referral under LSC: YES/NO	Eligible for public funding? YES/NO/UNSURE

REFERRER:	OTHER:
YOUR FIRM NAME AND ADDRESS:	SOLICITOR FIRM NAME AND ADDRESS(if known)
YOUR NAME:	SOLICITOR NAME:
TELEPHONE NUMBER: (DDI) IF AVAILABLE:	TELEPHONE NUMBER: (DDI) IF AVAILABLE:
CLIENT REFERENCE:	CLIENT REFERENCE:
EMAIL ADDRESS:	EMAIL ADDRESS:

DETAILS FOR MEDIATION/MIAM

When did you first meet your
client?

Have any court/divorce proceedings commenced? YES/NO

If so, what proceedings, in which court and
what stage has been reached?

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Type of mediation/MIAM sought:
(Please tick as appropriate)

- Children
- Property & Finance
- All Issues
- Other

BRIEF OVERVIEW OF KNOWN ISSUES

Are there any known concerns of alleged or actual abuse, harassment, intimidation or child protection.

Are you aware of any mental or physical health concerns which might affect either party?

Are there any special adjustments or disabilities which I should be aware of.

Do you have any other information which may be relevant

Signature of Referrer

Print Name

Date