

# goodman ray

- SOLICITORS -  
Mediation

**REFERRAL FORM FOR A MEDIATION  
INFORMATION AND ASSESSMENT MEETING (MIAM)**

**YOUR SOLICITOR'S DETAILS**

Name of firm: \_\_\_\_\_

Name of Solicitor acting \_\_\_\_\_

Firm's Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Tel No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Direct e-mail: \_\_\_\_\_

DX No \_\_\_\_\_

Your Ref: \_\_\_\_\_

**YOUR PARTNER'S SOLICITOR'S DETAILS**

Name of firm: \_\_\_\_\_

Name of Solicitor acting \_\_\_\_\_

Firm's Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Tel No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Direct e-mail: \_\_\_\_\_

DX No. \_\_\_\_\_

Your Ref: \_\_\_\_\_

**YOUR DETAILS**

Your Full Name \_\_\_\_\_

Your date of birth \_\_\_\_\_

Your occupation \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Tel No. \_\_\_\_\_

E-mail. \_\_\_\_\_

Mobile No \_\_\_\_\_

Work Address: \_\_\_\_\_

Postcode \_\_\_\_\_

**YOUR PARTNER'S DETAILS**

Your Partner's Full Name \_\_\_\_\_

Your Partner's date of birth \_\_\_\_\_

Your Partner's occupation \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Tel No. \_\_\_\_\_

E-mail. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Work Address: \_\_\_\_\_

Postcode \_\_\_\_\_

**HOW CAN WE CONTACT YOU?** Your solicitor  You only  Direct by post  Direct by email

Direct by mobile  Direct by telephone (home)  Direct by telephone (work)

**Please tick here if your contact details are to be kept CONFIDENTIAL from your partner/former partner**

**2. RELATIONSHIP DETAILS**

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Date of start of cohabitation: \_\_\_\_\_

**CHILDREN'S DETAILS**

Name	Age	DOB	M/F	Living With

**3. MIAM REFERRAL INFORMATION**

Is this a Pre Action Protocol referral 

<b>Yes</b>	<b>No</b>

Have any Court proceedings commenced 

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If Court proceedings have begun  
Nature of proceedings \_\_\_\_\_

Case number \_\_\_\_\_

Court \_\_\_\_\_

Stage of Proceedings \_\_\_\_\_

#### 4. SAFETY AND PROTECTION

Have there been any issues of violence, abuse and (physical and emotional) harassment, intimidation or child protection concerns.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If **Yes**, please provide brief details

#### 5. NATURE OF ISSUES YOU WISHES TO RESOLVE

Property and Finance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Relationship Breakdown Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Divorce and/or Separation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

Would your client prefer to attend the assessment with or without their spouse or partner

Individual assessment	<input type="checkbox"/>	Joint assessment	<input type="checkbox"/>
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## 6. FEES

Goodman Ray's charges for Mediation Information and Assessment Meetings are:

£165 plus VAT for an individual assessment.

£190 plus VAT for a joint assessment.

£40 plus VAT for FM1 form only.

Do you think you may be eligible for Legal Aid.

Yes

No

**Please note Goodman Ray does not undertake publicly funded mediation.**

Please return completed forms by Fax, E-mail, Post/DX to:

Goodman Ray Solicitors

5 Cranwood Street

London

EC1V 9GR

Tel: 020 7608 1227

Fax: 020 7250 1786

DX: 36614 FINSBURY

E-mail: [mediation@goodmanray.com](mailto:mediation@goodmanray.com)