

FAMILY HELP (HIGHER) AND LEGAL REPRESENTATION IN FAMILY PROCEEDINGS

Suitability for Family Mediation

This form must be attached to all applications for Family Help (Higher) and to applications for legal representation in family proceedings (as defined) using form CLSAPP3.

The form is not required where the application is for special Children Act 1989 proceedings, other public law children cases and domestic violence cases as defined in the Funding Code.

This form is also not required for emergency applications for Legal Representation.

IMPORTANT NOTE: IF THIS FORM IS NOT ATTACHED WHERE REQUIRED, THE APPLICATION WILL BE REJECTED OR REFUSED. SECTION 1, 2 or 3 MUST BE COMPLETED, AS APPROPRIATE.

Applicant's name and address: _____
 _____ Postcode: _____ Telephone: _____

DETAILS TO BE PROVIDED BY THE SOLICITORS' OFFICE

Name and address of the solicitor's firm: _____

Contact name and telephone no. for solicitor: _____

Solicitor's case reference number: _____

SECTION 1 SOLICITOR TO COMPLETE IF APPLICABLE

Is your application for Family Help (Higher) or Legal Representation and does it relate to any of the following? Please tick the appropriate box:

- (a) Section 37 of the Matrimonial Causes Act 1973 (injunctions to prevent, and orders to set aside, disposal of property)
- (b) The Inheritance (Provision for Family and Dependents) Act 1975
- (c) Existing Proceedings (**only** where the client is a respondent **and** a court date within six weeks of notification to the client has already been set.)

If you have ticked any of the above boxes, please sign this form and, unless stated otherwise, attach it to the application form. You do not need to complete section 2.

SECTION 2 SOLICITOR TO COMPLETE IF APPLICABLE

If a meeting with a mediator is not possible for one or more of the following reasons, please tick the appropriate box and give details in the space provided below. Please see the guidance for further details.

(i) Domestic Abuse

The client has made an allegation of domestic abuse against a potential party to the mediation AND this has resulted in a police investigation or the issuing of civil proceedings for the protection of the client within the last 12 months.

(ii) Bankruptcy

The mediation concerns financial issues and the client or (ex) partner or other party to the mediation is bankrupt and cannot deal with their own financial affairs.

(iii) The parties are in agreement and there is no dispute to mediate on

(iv) Previous assessment of suitability

There has been a previous, negative assessment by a mediator of suitability of the parties and the dispute for mediation within the last four calendar months

(v) Whereabouts of the opponent are unknown, and reasonable attempts to locate them have been unsuccessful

Where you have ticked any box under s2 (i-v) you must supply further details below:

(vi) Any other reasons why the client should not be referred to a mediation service. You MUST fax your LSC Regional Office with full details to obtain a reference number for your application to be exempted under this paragraph.

REFERENCE NUMBER OBTAINED FROM REGIONAL OFFICE: _____

Signed: _____
Applicant's Solicitor

Date: ____ / ____ / ____

SECTION 3 MEDIATION SERVICE TO COMPLETE IF APPLICABLE

Name of Service: _____ Mediation Ac Number:

Address of Service: _____
_____ Postcode _____

Name of recognised mediator(s) _____
conducting meeting: _____

- (1) Please tick this box where the mediator is satisfied that mediation is not suitable to the dispute because another party to the dispute is unwilling to attend an assessment meeting and consider mediation.
- (2) Please tick this box if the client has attended a meeting with a mediator and the dispute, the parties and all the circumstances are **not suitable** for mediation.
- (3) Please tick this box if the client has attended mediation which has **broken down**.
- (4) Please tick this box if the client has attended a meeting with a mediator and the dispute, parties and all the circumstances are **suitable** for mediation but no mediation has taken place or mediation has only partially resolved the issues.
- (5) Please tick this box if having considered the referral and in the view of the mediator, mediation is not suitable as the client has a reasonable fear of domestic abuse from a potential party to the mediation.

Reasons for any of the above:

Signed: _____
Mediator

Date: ____/____/____