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| G:\Full Access\Office\Communications\Brand\Logos and images\Current logos\Advocate_Master_logos\Advocate_Logo\JPG\Advocate_logo_CMYK.jpg | Advocate  C/O Advocate DX, 50- 52 Chancery Lane, London WC2A 1JF  DX 188 London Chancery Lane  E: [enquiries@weareadvocate.org.uk](mailto:enquiries@weareadvocate.org.uk) | | | **Mediation**  **Scheme** |
| Steps for applying to Advocate | | | | |
| 1. Applications can be made through the Royal Courts of Justice Citizens Advice or with help from a lawyer acting pro bono; additionally, an applicant who has been referred via one of these gateways can fill in an application form without further assistance. 2. Applications must be submitted in email form to [enquiries@weareadvocate.org.uk](file:///C:\Users\ShyamPopat\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\BNZ6TURZ\enquiries@weareadvocate.org.uk) 3. Please **see** **SECTION 5** **for documents** which must be attached with your application.   **POINTS TO NOTE:**   * ‘PARTY A’ is the party applying for mediation * ‘PARTY B’ is the other party, who must consent to attend mediation * There is also the option to include other Parties, if there are more than two parties to the mediation * **Section 2** “Personal details of PARTY B” **must be filled in** (as must Section 6 for any other Party) * **You may want to wait for the other Party/ies to fill in their personal details before filling in the rest of your application**   When we receive a completed application form with all the documents required we aim to acknowledge all applications with 7 working days.  **We advise you to complete this form to the best of your ability to avoid delays in the processing of your application.** | | | | |
| IMPORTANT | | | | |
| As Advocate relies entirely on volunteers, **the assistance of a mediator is never guaranteed**. Unless and until you are informed by Advocate that they can offer a mediator’s assistance - you MUST maintain conduct of your own case at all times, and adhere to all deadlines as ordered by the Court.  **Please avoid calling Advocate’s offices to find out if a mediator can help**, as Advocate does not have the resources to deal with inquiries of this nature. Under no circumstances must you contact the Court to inquire as to whether Advocate have found you a mediator. The Court is unable to give you that information, as they do not run this scheme.  Advocate needs **a minimum of 3 weeks’ notice** of any hearing date or deadline from the date that all relevant information is received at Advocate, save for are exceptional circumstances. Advocate can usually only help where an individual piece of work will take **3 days or less**, including preparation time. | | | | |
| Documents | | | | |
| Please do not send original documents to Advocate – Advocate cannot accept responsibility for them.  Documents will normally bedestroyed 8 weeks after a file is closed at Advocate. You will be notified in writing when your file is being closed. If you want to retrieve your papers at that time, you will need to make arrangements for payment for their return postage, provide a DX address, or pick them up in person. | | | | |
| www.weareadvocate.org.uk | |  | 020 7092 3960 | |

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| 1. Personal details of **PARTY A** | | | |
| Forename: | | Surname: | |
| Address: | | | |
| Postcode: | | | |
| Tel: |  | |  |
| Email: | | | |
| Consent of **PARTY A** to mediation | | | |
| Mediation is a non-binding and voluntary form of alternative dispute resolution. This means that the informed consent of all parties is needed in order to start mediation.  Please note that:   * The decision to mediate is completely voluntary and must be understood to be so by all involved parties * The Mediator will not provide legal or other advice, make decisions for a Party or act as an arbitrator * Each Party must be in attendance throughout the mediation * Any Party to a settlement will be at liberty to enforce the settlement by judicial proceedings * All information submitted during the mediation process will be strictly confidential * All Parties are at liberty of proceeding with their case if an agreement is not reached   **I certify that I understand the process of mediation and wish to have a mediation with PARTY B (details below)**  Signature: Dated: | | | |
| Name (block capitals): | | | |

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| 1. Personal details of **PARTY B** | | | |
| Forename: | | Surname: | |
| Address: | | | |
| Postcode: | | | |
| Tel (day): | Tel (evening): | | Tel (mob): |
| Email: | | | |
| Consent of **PARTY B** to mediation | | | |
| Mediation is a non-binding and voluntary form of alternative dispute resolution. This means that the informed consent of all parties is needed in order to start mediation.  Please note that:   * The decision to mediate is completely voluntary and must be understood to be so by all involved parties * The Mediator will not provide legal or other advice, make decisions for a Party or act as an arbitrator * Each Party must be in attendance throughout the mediation * Any Party to a settlement will be at liberty to enforce the settlement by judicial proceedings * All information submitted during the mediation process will be strictly confidential * All Parties are at liberty of proceeding with their case if an agreement is not reached   **I certify that I understand the process of mediation and wish to have a mediation with PARTY A (details above)**  Signature: Dated: | | | |
| Name (block capitals): | | | |

***If there are more than two parties involved, please refer to Section 6 of this Application***

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| FILL IN SECTION 3 AFTER THE REMAINDER OF THE FORM HAS BEEN COMPLETED | | | | | | | | | | | | |
| 1. Financial Information of **PARTY A**   For the questions below, please give **all relevant financial details** in the boxes provided.   * **Include those for any family members to whom you might reasonably look for help** * Continue on a separate sheet if necessary * Please put ‘0’ where applicable. | | | | | | | | | | | | |
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| **Benefits** | | | | | | | | | | | | |
| **Do you receive any of the benefits listed below?**  *Please tick all which apply and give the monthly amount.* | | | | | | | | Yes ☐ No ☐ | | | | |
| ☐ | Pension Credit | £ |  | (monthly) | ☐ | Housing Benefit | | | | £ |  | (monthly) |
| ☐ | Universal Credit | £ |  | (monthly) | ☐ | Income Support | | | | £ |  | (monthly) |
| ☐ | Jobseekers Allowance | £ |  | (monthly) | ☐ | Disability Living Allowance | | | | £ |  | (monthly) |
| ☐ | Other | £ |  | (monthly) | ☐ | Other | | | | £ |  | (monthly) |
| **Do you have current proof of benefits received?** *If yes, please specify what proof you have below and provided a copy of the current proof of benefit.* | | | | | | | | Yes ☐ No ☐ | | | | |
| **Savings, investments and other major assets** | | | | | | | | | | | | |
| Please give details of any savings, investments and other major assets you or your partner have, including money in deposit accounts, shares owned, cars and other significant assets etc. | | | | | | | | | | | | |
| Type of saving, investment or asset | | | | | Value (£) | | | | | | | |
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| **Debts** | | | | | | | | | | | | |
| Give details of any outstanding debts, including the amount owed. Set out those debts for which you are currently making repayments and those where you are not currently making repayments. | | | | | | | | | | | | |
| Creditor | | | | | Sum still owed (£) | | Monthly repayment if any (£) | | | | | |
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| **Property** | | | | | | | | | | | | |
| **Do you or your partner own any property?** *If yes, please list each property below and continue on a separate sheet if necessary.* | | | | | | | | | Yes ☐ No ☐ | | | |
| Address of property (if not your own home, please give further details) | | | | | Approximate current market value (£) | | Mortgage outstanding (£) | | | | | |
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| Monthly Income | £ |  | Monthly Expenditure | £ |
| Salary (net) |  |  | Rent |  |
| Bonuses |  |  | Mortgage |  |
| Partner’s salary |  |  | Council Tax |  |
| Income from savings/investments |  |  | Household bills |  |
| Maintenance |  |  | Food/clothing |  |
| Benefits |  |  | Transport |  |
| Rental Income |  |  | Loan repayments |  |
| Other (please specify): |  |  | Credit cards / hire purchase |  |
|  |  |  | Leisure |  |
| **Total monthly income** |  |  |  |  |
| Household information |  |  |  |  |
| Number of adults in your home (over 18yrs) |  |  |  |  |
| Number of children in your home |  |  | **Total monthly expenditure** |  |

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| 1. Case summary |
| Please provide:   * A **summary** of the case facts * A **clear timeline**, including all key dates and details of any past court hearing. Continue on a separate sheet if necessary. * It is not enough to write “Please refer to *this document*” * Continue on a separate sheet of paper if necessary |
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| 1. Documents to be forwarded to Advocate |
| **Advocate requires sufficient documents to allow the mediator to understand what your dispute is about.**   * Tick the boxes below to confirm which of these documents are enclosed with the application * If you are unable to provide copies of the documents at the moment Advocate may be in contact with you to request copies of the outstanding documents in due course. * **Please put your documents in date order and provide a list of them at the front**. This will help the work of our Casework Team. |
| * **Statements of case** ('pleadings' – e.g.: Claim Form, Particulars of Claim, Defence, Reply, together with any attachment to such documents) * **Witness statements** (including any exhibit/attachment to the statement) * **Court orders** (e.g.: any directions order or notice of hearing) * **Settlement correspondence** (e.g.: a letter containing a settlement proposal)   The Mediator may contact any party to request further documents in due course. |

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| Our approach to your personal data |
| You have sent your personal (and possibly sensitive) data to Advocate so that we can assess your case and, if eligible, try to find a volunteer barrister to give you legal help. The legal basis we use for processing your data is your consent.  Processing may include;  • Administration of your application and papers by Advocate staff and volunteers including volunteer barristers, solicitors, other types of lawyers and trustees.  • Your data may be seen by third parties such as advice agencies, voluntary organisations, legal advisers and other technical support organisations who may help Advocate to deliver our services.  Your consent to the above activities may be withdrawn at any time by emailing [consent@weareadvocate.org.uk](mailto:consent@weareadvocate.org.uk).  Full information about how we process your personal information can be found in our Applicant Privacy Notice available at <https://weareadvocate.org.uk/privacy.html>.  **☐ Party A: Please tick the box if you are happy for Advocate to process your data**  **☐ Party B: Please tick the box if you are happy for Advocate to process your data** |
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| Statement of truth |
| **I certify that the information in this application is to the best of my knowledge true, accurate and complete, and understand that any decision to refer a case to a volunteer barrister for assistance is taken on that basis.** |
| Party A’s Signature: Dated:  Party B’s Signature: |
| Name (block capitals): |
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| **When filling in this form on behalf of your client, please read the Data Protection Notice and Statement of truth to them. Signing or making the application for someone else signifies their consent.** |

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| 1. Personal details of all other parties | |
| PARTY C | |
| Forename: | Surname: |
| Address: | |
| Postcode: Tel: Email: | |
| Consent to mediation | |
| Mediation is a non-binding and voluntary form of alternative dispute resolution. This means that the informed consent of all parties is needed in order to start mediation (*Terms and Conditions in Section 7)*  I certify that I understand the process of mediation and wish to initiate mediation with all other parties (details below and above). I certify that the information in this application is to the best of my knowledge true, accurate and complete, and understand that any decision to refer a case to a volunteer barrister for assistance is taken on that basis.  **☐ Please tick the box if you are happy for Advocate to process your data** (*Terms and Conditions in Section 7)*  Signature: Dated: | |
| Name (block capitals): | |
|  | |
| PARTY D | |
| Forename: | Surname: |
| Address: | |
| Postcode: Tel: Email: | |
| Consent to mediation | |
| Mediation is a non-binding and voluntary form of alternative dispute resolution. This means that the informed consent of all parties is needed in order to start mediation (*Terms and Conditions in Section 7)*  I certify that I understand the process of mediation and wish to initiate mediation with all other parties (details below and above). I certify that the information in this application is to the best of my knowledge true, accurate and complete, and understand that any decision to refer a case to a volunteer barrister for assistance is taken on that basis.  **☐ Please tick the box if you are happy for Advocate to process your data** (*Terms and Conditions in Section 7)*  Signature: Dated: | |
| Name (block capitals): | |
|  | |
| PARTY E | |
| Forename: | Surname: |
| Address: | |
| Postcode: Tel: Email: | |
| Consent to mediation | |
| Mediation is a non-binding and voluntary form of alternative dispute resolution. This means that the informed consent of all parties is needed in order to start mediation (*Terms and Conditions in Section 7)*  I certify that I understand the process of mediation and wish to initiate mediation with all other parties (details below and above). I certify that the information in this application is to the best of my knowledge true, accurate and complete, and understand that any decision to refer a case to a volunteer barrister for assistance is taken on that basis.  **☐ Please tick the box if you are happy for Advocate to process your data** (*Terms and Conditions in Section 7)*  Signature: Dated: | |
| Name (block capitals): | |
| PARTY F | |
| Forename: | Surname: |
| Address: | |
| Postcode: Tel: Email: | |
| Consent to mediation | |
| Mediation is a non-binding and voluntary form of alternative dispute resolution. This means that the informed consent of both parties is needed in order to start mediation (*Terms and Conditions in Section 7)*  I certify that I understand the process of mediation and wish to initiate mediation with all other parties (details below and above). I certify that the information in this application is to the best of my knowledge true, accurate and complete, and understand that any decision to refer a case to a volunteer barrister for assistance is taken on that basis.  **☐ Please tick the box if you are happy for Advocate to process your data** (*Terms and Conditions in Section 7)*  Signature: Dated: | |
| Name (block capitals): | |
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| 7. TERMS AND CONDITIONS | |
| Consent to mediation | |
| Mediation is a non-binding and voluntary form of alternative dispute resolution. This means that the informed consent of all parties is needed in order to start mediation.  Please note that:   * The decision to mediate is completely voluntary and must be understood to be so by all involved parties * The Mediator will not provide legal or other advice, make decisions for a Party or act as an arbitrator * Each Party must be in attendance throughout the mediation * Any Party to a settlement will be at liberty to enforce the settlement by judicial proceedings * All information submitted during the mediation process will be strictly confidential, and dealt with in accordance with all applicable data protection regulations * All Parties are at liberty of proceeding with their case if an agreement is not reached | |
| Our approach to your personal data | |
| You have sent your personal (and possibly sensitive) data to Advocate so that we can assess your case and, if eligible, try to find a volunteer barrister to give you legal help. The legal basis we use for processing your data is your consent.  Processing may include;  • Administration of your application and papers by Advocate staff and volunteers including volunteer barristers, solicitors, other types of lawyers and trustees.  • Your data may be seen by third parties such as advice agencies, voluntary organisations, legal advisers and other technical support organisations who may help Advocate to deliver our services.  Your consent to the above activities may be withdrawn at any time by emailing [consent@weareadvocate.org.uk](mailto:consent@weareadvocate.org.uk).  Full information about how we process your personal information can be found in our Applicant Privacy Notice available at <https://weareadvocate.org.uk/privacy.html>. | |

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| Equal Opportunities | | |
| Advocate aims to assist in cases irrespective of age, race, gender, sexual orientation, disability, physical appearance, creed, religion and political persuasion. In order to help us monitor the effectiveness of our equal opportunities policy, we ask all applicants to provide the information indicated below. This information will only be used for monitoring and statistical purposes  **This section will be detached from the application form, and will not be accessible by our volunteer case reviewers or panel members.** | | |
| Ethnic origin | | |
| I would describe my ethnic origin as: | | |
| **A) White**  English  Scottish  Welsh  Irish  Other White: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **B) Mixed**  White & Black Caribbean  White & Black African  White & Asian  Other Mixed: \_\_\_\_\_\_\_\_\_\_\_\_ | **C) Asian**  Indian  Pakistani  Bangladeshi  Chinese  Other Asian: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **D) Black**  Caribbean  African  Other Black: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **E) Other**  Any other ethnic background, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **F) Would prefer not to indicate** |
|  | | |
| Age and gender | | |
| Age at date of application: | | |
| 0 – 17 years  18 – 25 years  26 – 30 years  31 – 35 years | 36 – 40 years  41 – 46 years  47 – 50 years  51 – 55 years | 56 – 60 years  61 – 65 years  Over 65 years  Would prefer not to indicate |
| Gender: | | |
| Male | Female | Would prefer not to indicate |
|  | | |
| Disability | | |
| Do you consider yourself to have a disability?  Yes  No  Would prefer not to indicate  If yes, please tick any of the list below which apply. | | |
| Dyslexic  Blind / partially sighted  Deaf / hearing impairment  Wheelchair use / mobility difficulties | Need personal care  Mental health difficulties  Unseen disability (eg asthma, diabetes, epilepsy | Multiple difficulties  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Would prefer not to indicate |
|  | | |
| Source of information about Advocate | | |
| Where did you hear about Advocate? | | |
| Law Centre  RCJ Citizens Advice Bureau  Other Citizens Advice Bureau  Other advice agency:  ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Free Representation Unit (FRU) | LawWorks  Solicitor  Barrister  Court / Tribunal  Bar Council  Media / Press | Advocate website  Other website :  ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Made a previous application  Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |