

(F2) FORMAL REQUEST FOR MEDIATION

I, the undersigned **Applicant**, _____ (full names and surname), herewith formally request that the matter be referred for mediation in line with the provisions of the Children’s Act 38 of 2005 in the best interest of the minor child(ren).

I consent that the process to be followed will be collaborative which will include participation of a multidisciplinary team of professionals such as a play therapist, social worker in private practice, clinical psychologists, attorneys and the Children’s Court.

1. APPLICANT (PERSON WHO APPLIES FOR MATTER TO BE REFERRED FOR MEDIATION)

Surname	
Full Names	
ID number	
Residential Address	
Cell phone number	
E-mail Address	
Work telephone number	
Relationship to child(ren)	
Legal Representative	

2. RESPONDENT (PERSON WHO IS REQUESTED TO ATTEND MEDIATION)

Surname	
Full Names	
ID number	
Residential Address	
Cell phone number	
E-mail Address	
Work telephone number	
Relationship to child(ren)	
Legal Representative	

3. DETAILS OF THE CHILD/REN

Full Names	Surname	DOB /ID no	School	Residential Address

Signed at _____ on this _____ day of _____ 2017.

Signature _____ Applicant (Person who applies for matter to be referred for mediation)

4. INSTRUCTION FORM (RESPONDENT)

I the undersigned, **Respondent**, herewith confirm that I (*sign the relevant block to indicate your instructions*)

1. Refuse to attend the requested Mediation _____ (Signature Respondent)
2. Consent to attend the requested Mediation (I consent that the process to be followed will be collaborative which will include participation of a multidisciplinary team of professionals such as a play therapist, social worker in private practice, clinical psychologists, attorneys and the Children's Court)

(Signature Respondent)
3. The party(ies) agrees to pay legal costs for each mediation session at a rate of R750.00/hour and is payable before confirmed booking of each session via EFT or with a cash payment before each session.

(Proof of payment to be made to Melanie van Aswegen Inc. Nedbank Cheque Account # 107 189 5273 Vaal Mall Branch Code 198 765 to be faxed to 086 210 7467 or emailed to legal@vanaswegeninc.co.za before each session)

Signed at _____ on this _____ day of _____ 2017.

Signature _____ Respondent (Person who is requested to attend mediation)