**THE LAW SOCIETY MEDIATION SCHEME – FAMILY LAW /**

**ANNEX A: REQUEST FOR MEDIATION / NON-BINDING NEUTRAL EVALUATION**

**THE LAW SOCIETY NEUTRAL EVALUATION SCHEME – FAMILY LAW**

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Email: adr@lawsoc.org.sg   Website: www.lawsociety.org.sg

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| **INTRODUCTION** |
| 1. This form must be sent by Party 1 (“Applicant”) requesting mediation / neutral evaluation to all other parties of the proposed mediation / neutral evaluation.
2. Parties who wish to apply for mediation under **THE** **LAW SOCIETY MEDIATION SCHEME – FAMILY LAW** (“LSMS”) or **THE LAW SOCIETY (FAMILY) NEUTRAL EVALUATION SCHEME – FAMILY LAW** (“LSNES”) must complete this Request for Mediation / Neutral Evaluation.
3. This Request form must be submitted to the Law Society of Singapore along with the Administration Fee of S$150.00 or $250.00 per party (as the case may be). The Law Society of Singapore will advise on the method for payment once we have received your completed Request for form.
4. No Request form will be processed unless all fields are completed and the Administration Fee is received by the Law Society of Singapore.
5. If this form is not submitted jointly by all parties, the Applicant requesting mediation / neutral evaluation shall send a copy of the Request to the other party or parties.
6. Once you have completed this form, please email it to adr@lawsoc.org.sg
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| **MEDIATION OR NEUTRAL EVALUATION** |
| Are you making a request for mediation or non-binding neutral evaluation? [ ]  Mediation  [ ]  Neutral Evaluation |
| **AGREEMENT TO MEDIATE / ATTEND NEUTRAL EVALUATION** |
| Have all the parties agreed to mediate or attend neutral evaluation for this matter? [ ]  Yes  [ ]  NoRemarks: Was the agreement contained in a prior agreement? [ ]  Yes  [ ]  NoIf yes, please attach the agreement. |
| **PARTICULARS**  |
| Party 1 (“Applicant”) | Name of Party 1:Contact No.:Address:Email Address:Language spoken and written: English/Mandarin/Malay/Tamil/others, please state:Occupation:Highest Educational Standard:Law firm representing Party 1 (if applicable):Contact No.:Fax:Address:Email Address:Reference No.: |
| Party 2 | Name of Party 2:Contact No.:Address:Email Address:Language spoken and written: English/Mandarin/Malay/Tamil/others, please state:Occupation:Highest Educational Standard:Law firm representing Party 2 (if applicable):Contact No.:Fax:Address:Email Address:Reference No.: |
| Additional Parties (if any) |  |
| **DETAILS OF THE DISPUTE**  |
| What are the areas of dispute between the parties? [ ]  Divorce or nullity  [ ]  Division of matrimonial assets [ ]  Custody and care and control of children [ ]  Access to children [ ]  Maintenance for wife/incapacitated husband [ ]  Maintenance for children [ ]  Any other matters, please elaborate below.Are parties seeking mediation or neutral evaluation for all issues or limited issues? [ ]  All issues [ ]  Limited issues. If limited issues, please state the issues below.Is the gross value of the matrimonial assets valued at $2 million and above? [ ]  Yes  [ ]  NoAre there any related proceedings?  [ ]  Yes  [ ]  NoIf yes, please elaborate below. |
| **NATURE OF DISPUTE****(Please provide brief details of the dispute.)** |
| Any other relevant information including the following below.Have you been the victim of family violence or have allegations of family violence been made against you? [ ]  Yes  [ ]  NoIf yes, please provide details below.Do you have any child(ren) with special needs? [ ]  Yes  [ ]  NoIf yes, please provide details below.Are there any third party interest(s) involved? [ ]  Yes  [ ]  NoIf yes, please elaborate below. |
| **ADDITIONAL INFORMATION**  |
| Have you attended mediation or explored any other forms of Alternative Dispute Resolution with prior to this? [ ]  Yes  [ ]  NoIf yes, please provide details below.If you are presently acting in person, have you sought legal advice prior to this? [ ]  Yes  [ ]  NoIf yes, please provide details of the law firms involved below.Is there a specific mediator/ neutral evaluator you wish to nominate from the LSMS-LSNES Family Law Panel (subject to his/her availability and hourly rates to be advised)?[ ]  Yes [ ]  NoIf yes, please provide the name(s) below. |
| **AVAILABLE DATES FOR MEDIATION / NEUTRAL EVALUATION****(Please provide a few available dates – preferably, mutually agreed dates WITHIN 6 WEEKS from the date the Request is submitted.)** |
| The Law Society of Singapore would like to follow up with you (3 months) after the mediation / neutral evaluation to review if your matter has been resolved.[ ]  No, I wish to opt out. |
| **MEDIATION: OPTION FOR NEUTRAL EVALUATION** |
| In the event that the mediation is unable to resolve all issues, would you wish to have the option to terminate the mediation and proceed with neutral evaluation? (Subject to the availability of neutral evaluators, timings, whether on the same day or otherwise, and additional costs, if any, to be advised). [ ]  Yes  [ ]  No |
| **NEUTRAL EVALUATION: OPTION FOR MEDIATION** |
| In the event that the parties are unable to agree to be bound by the recommendations of the neutral evaluators, would you wish to have the option to terminate the neutral evaluation and proceed with mediation? (Subject to the availability of mediators, timings, whether on the same day or otherwise, and additional costs, if any, to be advised). [ ]  Yes  [ ]  No |
| **SIGNATURE** |
| Applicant’s Name and Signature:  |  |
| Date:  |  |

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| **FOR OFFICIAL USE** |  |
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