

Please open this form in Adobe if possible.  
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Grant file number (20Fxxxxxx)

Client's name

The information you provide will help us decide if mediation is suitable and safe for the parties in this matter.

Please click the submit button or email the completed form and any attachments within 7 days to [fdr.checklist@legalaid.nsw.gov.au](mailto:fdr.checklist@legalaid.nsw.gov.au)

1. Name of Independent Children's Lawyer

2. What are the names and contact details of the parties who should be invited to the mediation?

*Please provide their lawyer's details if known.*

Party type (M,F, sol for M etc)	Name	Phone	Email

3. What are the names and dates of birth of the subject children, and who do they live with?

Name	Date of birth	Living with

4. When is the matter next in Court?

5. What is it listed for?

For how many days?

6. Has a notice of child abuse or family violence been filed in this matter? Yes No
7. Is DCJ involved in this matter? *(formerly DoCS/FaCS)* Yes No
8. Is there a current AVO between the parties? Yes No
9. Is there a family, expert or other report? Yes No

*If yes, please attach a copy*

10. If there is no existing expert report, has one been ordered by the Court? Yes No

If yes, when will the report be released?

11. Are there current orders? Yes No

*If yes, please attach a copy*

12. What type of mediation do you believe is most suitable for these parties?

Face to face      Video      Telephone      Face Shuttle      Telephone Shuttle

*Mediator talks to each party separately*

13. What issues do you wish to discuss at the mediation?

14. Are there issues of particular concern?

*(eg. Allegations of violence or abuse; history of mental illness; drug or alcohol abuse; intimidation or harassment)*

*If yes, please give details*

**CERTIFICATION OF ICL**

I certify that the information I have provided is true to the best of my knowledge.

Name

Date

*I believe this matter is suitable for family dispute resolution:*

Yes No