

**This checklist - for all parties - will help us decide whether mediation is suitable and safe.**

**If the party has a lawyer, this checklist is to be completed by the lawyer in consultation with their client.**

**We will provide a copy of the completed checklist to the Mediator, but we will not give it to any other party.**

**Please email the completed checklist and any attachments to [fdr.checklist@legalaid.nsw.gov.au](mailto:fdr.checklist@legalaid.nsw.gov.au).**

**Grant file number (24Fxxxxxx)**

**OR DR number (DR-2024xxxxxx)**

**Name**

**Address**

**Number**

**Date of birth**

### **A. Type of Mediation**

**Legal Aid NSW is now conducting most mediations online via Zoom.**

**Please contact your mediation organiser if you don't have internet access, or if you have any other concerns about participating in online mediation.**

**Mediation type** - Online via Zoom

Parties can see one another

Shuttle - parties cannot see one another

Zoom - Audio only

Comments

### **Internet connectivity**

1. Do you have access to the internet? Yes    No

2. Will you have enough data to be online for the mediation for up to 4hours? Yes    No

### **Phone back-up**

Please provide your best contact number so the mediator can call you during the mediation if they need to.

Party

Solicitor

## B. Aboriginality

- |   |     |    |            |    |
|---|-----|----|------------|----|
| 3. Do you identify as an Aboriginal person?   |     |    | Yes        | No |
| 4. Do you identify as a Torres Strait Islander person?  |     |    | Yes        | No |
| 5. If you are Aboriginal or Torres Strait Islander person, would you prefer an Aboriginal/Torres Strait Islander mediator if available? | Yes | No | Don't mind |    |
| 6. Does the other party identify as Aboriginal?   |     |    | Yes        | No |
| 7. Does the other party identify as Torres Strait Islander?   |     |    | Yes        | No |

## C. Cultural Information

### Cultural Identity

- |  |     |    |            |    |
|--|-----|----|------------|----|
| 8. Do you identify with a cultural and/or religious background?                                      |     |    | Yes        | No |
| If yes, please provide details   |     |    |            |    |
| 9. If possible, would you prefer a mediator from your cultural or religious background if available? | Yes | No | Don't mind |    |

### Interpreting and Translation

- |   |      |        |            |    |
|---|------|--------|------------|----|
| 10. Do you need an interpreter?   |      |        | Yes        | No |
| If yes, what language/dialect?  |      |        |            |    |
| 11. Would you prefer male or female?                                    | Male | Female | Don't mind |    |
| 12. Does the other party need an interpreter or translated information? |      |        | Yes        | No |
| If yes, what language/dialect?  |      |        |            |    |

## D. Domestic and Family Violence

- |   |  |  |     |    |
|---|--|--|-----|----|
| 13. Are there allegations of physical, verbal or emotional abuse between the parties?                 |  |  | Yes | No |
| 14. If yes, are you the victim?   |  |  | Yes | No |
| 15. Has there been any recent threat, physical violence or intimidation?                              |  |  | Yes | No |
| 16. If yes, please tell us what happened?   |  |  |     |    |
| 17. Can you speak freely to the other party without feeling scared or intimidated?                    |  |  | Yes | No |
| 18. Are you worried about your safety during a mediation?   |  |  | Yes | No |
| 19. Are you worried about your safety or your child's safety as a consequence of attending mediation? |  |  | Yes | No |
| 20. Is there a current AVO?   |  |  | Yes | No |
| If yes, please provide a copy - <a href="#"><u>we cannot proceed until we receive it</u></a>          |  |  |     |    |
| 21. Was there a previous AVO?   |  |  | Yes | No |
| If yes, how long ago?   |  |  |     |    |
| 22. Has there ever been a breach of AVO?  |  |  | Yes | No |

## E. Accessibility needs

23. Do you need anything put in place to assist you on the day of the mediation? Yes No

This could include:

- A support person attending mediation with you (please note that any request for a support person must be sent to the mediation organiser and approved by Legal Aid NSW before the mediation date)
- Regular breaks during the mediation
- Minimal background noise

**Please provide details**

Other party details

Other party's name

Email address

Phone number/s

Address

We will contact all parties in the matter to invite them to the mediation and help us assess the suitability of the mediation. Please let us know if you have any concerns for your safety or your client's safety if we contact any party.

**Any further details**

### **CERTIFICATION - if the party has a lawyer, the lawyer must certify suitability for mediation.**

Completed by (name)

on (date)

I am a party

I am a lawyer

I am a mediation organiser

I understand that my contact details will be shared with the other party or their lawyer so that financial information can be exchanged

Lawyers

- I have taken instructions from my party Yes No
- I believe this matter is suitable for family dispute resolution Yes No