|  |  |  |
| --- | --- | --- |
| Colour Legal Aid logo | **PROPERTY MEDIATION**  **Financial Information Form** | **Family Dispute Resolution Service**  **E:** [**fdr.checklist@legalaid.nsw.gov.au**](mailto:fdr.checklist@legalaid.nsw.gov.au) |
|  |  | |

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

***If you do not have a lawyer, you should complete the form yourself.***

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

**What will Legal Aid do with the information?**

Before the mediation date, the Mediation Organiser at Legal Aid will exchange available financial information between the parties. That includes this form and any other financial documents provided. **The intake and assessment checklists will not be exchanged.**

*\*The financial information of a person receiving Legal Aid funding may also be provided to the Grants Division of Legal Aid NSW.*

The more financial information the parties disclose, the better the chance of settlement.

**What if I am not sure about the details of the assets and liabilities?**

If you don’t know the exact amount you can make an estimate or write not known.

**Your details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant file number (24Fxxxxxx)** | | |  | | **OR DR-number (DR-2024xxxxxx)** | |  | | |
|  | |  | |  | |  | |
| **Name** |  | | | | | | | | |
|  |  | | | | | | | |
| **Date of Birth** |  | |

**History of relationship**

**If you were married**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date you started living together** | |  | |
|  | |  | |
| **Date of marriage** | |  | |
|  | |  | |
| **Date of separation** | |  | |
|  | |  | |
| **Date of divorce** | |  | |
|  | |  | |
| **OR** | |  | |
|  | |  | |
| **If you were in a de-facto relationship** | | | |
|  | |  | |
| **Date de-facto relationship started** | |  | |
|  | |  | |
| **Date of separation** | |  | |
|  | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BALANCE SHEET** |  | **Your name** |  | |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ASSETS -** *eg. house, car, bank accounts* | | | | | | |
|  | **Item description** | **Who owns?**  **You, other party, joint** | **Value**  **(your estimate)** | | **Other party's estimated value (if known)** | |
| **1** |  | Choose an item. |  | |  | |
| **2** |  | Choose an item. |  | |  | |
| **3** |  | Choose an item. |  | |  | |
| **4** |  | Choose an item. |  | |  | |
| **5** |  | Choose an item. |  | |  | |
| **6** |  | Choose an item. |  | |  | |
| **7** |  | Choose an item. |  | |  | |
| **8** |  | Choose an item. |  | |  | |
| **Total** | | | **$** |  | **$** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUPERANNUATION** | | | | | | |
|  | **Fund name** | **Who owns?**  **You, other party, joint** | **Value**  **(your estimate)** | | **Other party's estimated value (if known)** | |
| **9** |  | Choose an item. |  | |  | |
| **10** |  | Choose an item. |  | |  | |
| **11** |  | Choose an item. |  | |  | |
| **12** |  | Choose an item. |  | |  | |
| **Total** | | | **$** |  | **$** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OTHER FINANCIAL RESOURCES** | | | | | | |
|  | **Item description** | **Who owns?**  **You, other party, joint** | **Value**  **(your estimate)** | | **Other party's estimated value (if known)** | |
| **13** |  | Choose an item. |  | |  | |
| **14** |  | Choose an item. |  | |  | |
| **Total** | | | **$** |  | **$** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ADDBACKS -** *eg money, property disposed of post-separation whose value is sought to be added to the property pool* | | | | | |
|  | **Item description** | **Value**  **(your estimate)** | | **Other party's estimated value (if known)** | |
| **15** |  |  | |  | |
| **16** |  |  | |  | |
| **Total** | | **$** |  | **$** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LIABILITIES** | | | |
|  | **Item description** | **Value**  **(your estimate)** | |
| **17** |  |  | |
| **18** |  |  | |
| **19** |  |  | |
| **20** |  |  | |
| **Total** | | **$** |  |

**Notes**

If you want to provide more information, or comment on an item, please use the table below, noting the relevant item number in the left column.

E.g. you may believe that an item needs to be valued by an expert, or you may think that documents the other party has are essential to making an evaluation.

|  |  |
| --- | --- |
| **Item Number** | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| 1. Tell us about any financial interest you have in a trust, or deceased estate that you have not yet received. | | |
|  |  | |
| **$** |  |

|  |  |  |
| --- | --- | --- |
| 2. Tell us about any financial gain you expect to receive in the future (eg from a future fund, compensation claim, inheritance etc). | | |
|  |  |  |
| **$** |  |

3.Tell us about the assets, or liabilities you brought into the marriage or relationship (house, cars, super etc).

|  |
| --- |
|  |

4. Tell us about your employment during the relationship.

|  |  |  |
| --- | --- | --- |
| **Employer name** | **Job description** | **Salary per week** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |

5. What non-financial contributions did you make during the relationship and since separation?

Please tick all that apply:

**☐** Contribution as homemaker

**☐** Design or decision making for improvements to property

**☐** Other (specify briefly)

|  |
| --- |
|  |

6. Were there any contributions by a third partyon your behalf during the relationship or since separation? (eg gifts, money loaned at no or low interest, payment of some or all of your day-to-day living expenses)

|  |  |  |
| --- | --- | --- |
| **Third party** | **Contribution type** | **Amount received** |
|  |  | **$** |
|  |  | **$** |

7. Did you receive any funds during the relationship, or since separation? (eg Inheritances, workers compensation, victim's compensation etc)

|  |  |  |
| --- | --- | --- |
| **Third party** | **Contribution type** | **Amount received** |
|  |  | **$** |
|  |  | **$** |

8. Did you receive any other funds in the last 12 months or before separation? (eg from the sale of a property or a superannuation withdrawal)

|  |  |  |
| --- | --- | --- |
| **Item disposed of** | **How disposed of** | **Amount received** |
|  |  | **$** |
|  |  | **$** |
| **Item acquired** | **How acquired** | **Amount paid** |
|  |  | **$** |
|  |  | **$** |

9. What parenting contributions have you made during the relationship and since separation? (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | Caring for children of the relationship | ☐ | Caring for step-children |
| ☐ | Using income for food, clothing or household | ☐ | Caring for other party's grandchildren |
| ☐ | Performing household tasks: cleaning, cooking, | ☐ | Other (provide details below) |
|  | washing, gardening |  | |
| ☐ | Caring for other children |

10. What are the current parenting arrangements? (if applicable)

|  |  |  |
| --- | --- | --- |
| **Child's name and DoB** | **Time in your care each week** | **Time in other party's care each week** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

11. Do you have any medical condition, or other issue that affects your ability to work in paid employment?

|  |  |
| --- | --- |
| **Condition name/issue** | **Impact** |
|  |  |
|  |  |

12. What is your occupation or profession?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| What is your current work pattern? | | | | | | | |
| ☐ | Full-time | ☐ | Part-Time | ☐ | Casual | ☐ | Unemployed |
| ☐ | Studying/Training - *Provide details about the course of study/training, including the expected end date* | | | | | | |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT SOURCE OF INCOME OR BENEFIT** | | | |
| **Funds you receive** | **Give details** | **WEEKLY income after tax** | |
| **Wage** | *employer's name* |  | |
| **Government benefit** | *which benefit?* |  | |
| **Child support** |  |  | |
| **Rent/board** |  |  | |
| **Work benefits** | *eg car, phone* |  | |
| **Share dividends** |  |  | |
| **Any other income** |  |  | |
| **TOTAL WEEKLY INCOME** | | **$** |  |

|  |  |
| --- | --- |
| **DOMESTIC and FAMILY VIOLENCE** | |
|  | |
| 13. Has Family violence impacted you? |  |
|  |  |
| 14. Has Family violence impacted your financial contributions? |  |
|  |  |
| 15. Has Family violence impacted your non-financial contributions? |  |
|  |  |
| 16. Has Family violence had an impact on your future needs? |  |
|  |  |
| **Any further details** | |
|  | |

**FURTHER FINANCIAL INFORMATION**

Tell us anything further about your financial position that you think is relevant to the mediation.

|  |
| --- |
|  |

**LEGAL INFORMATION**

The information in this form is provided on a *“without prejudice”* basis and is confidential within the terms of Legal Aid Commission Act NSW 1979. It is excluded from evidence under section 131(1) of the Evidence Act 1995.

**COSTS**

**Lawyers for Legal Aid parties**

|  |  |
| --- | --- |
| I have advised my client of the Legal Aid contributions policy if my client receives a payment over $30,000. |  |

**Lawyers for parties who are not funded by Legal Aid**

|  |  |
| --- | --- |
| I have made my client aware of my fees for the mediation process. |  |

**I CERTIFY THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature:** |  | | **Date:** |  |
|  | |  | |  |