|  |  |  |
| --- | --- | --- |
| Colour Legal Aid logo | **Independent Children’s Lawyer**  **Intake & Assessment Checklist** | **Family Dispute Resolution Service**  **Email:** [**fdr.checklist@legalaid.nsw.gov.au**](mailto:fdr.checklist@legalaid.nsw.gov.au) |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant file no. (25Fxxxxxx)** |  | **Or DR No. (DR-2025xxxxxx)** |  |
|  |  |  |  |
| **Child's name** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 children, and who do they live with?

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Gender** | **Date of birth** | **Living with** |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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? | | | | 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. Are any of the parties or children Aboriginal? | | | | Yes No | |
| 13. Are any of the parties or children Torres Strait Islander? | | | | Yes No | |
| 14. Is the matter in the Indigenous list? | | | | Yes No | |
|  | | | |  |
| ***If yes, please give details*** | | | |  |
|  | | | | |
|  | | | |  |
|  | | | |  |
| **Legal Aid NSW is now conducting most mediations online via Zoom.**  **Please contact the mediation organiser if you have any concerns about these parties participating in online mediation.** | | | | |
| **Mediation type** – Online via Zoom | | | | |
|  | | | | |
| Comments | | | |  |
|  | | | | |
| 15. What issues do you wish to discuss at the mediation? | | | |  |
|  | | | | |
| 16. Are there issues of particular concern? | | | | Yes No | |
| ***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 | |
|  | |  |  |  | | |