**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****.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant file number (25Fxxxxxx)** |  | **OR DR number (DR-2025xxxxxx)**  |  |
|  |  |  |
| **Name** |  |
|  |  |  |
| **Email** |  |
|  |  |  |
| **Phone** |  |
|  |  |  |
| **Date of birth** |  |  |  |

**Part A – Format of mediation** **– Legal Aid conducts mediations via Zoom**

**Mediation type –** Online via Zoom

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Comments |  |  |
|  |

|  |  |
| --- | --- |
| 1. Do you have access to the internet?  |  |

**Phone back-up**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Party’ number  |  |  Solicitor  |  |

**Part B – Aboriginality**

|  |  |  |
| --- | --- | --- |
| 2. Are you Aboriginal?  |  |  |
|  |  |  |  |
| 3. Are you Torres Strait Islander? |  |
|  |  |  |  |
| 4. Would you prefer an Aboriginal or Torres Strait Islander mediator? |    |
|  |  |
| 5. Does the other party or children identify as Aboriginal? |   |
|  |  |
| 6. Does the other party or children identify as Torres Strait Islander?  |   |

**Part C – Cultural Information**

|  |  |  |
| --- | --- | --- |
| **Cultural Identity** |  |  |
| 7. Do you identify with a cultural and/or religious background? |  |
|  |  |
|  | ***If yes, provide details*** |  |
|  |  |  |
| 8. Would you prefer a mediator from your cultural or religious background if available?  |   |
| **Interpreting and translation** |  |  |  |
| 9. Do you need an interpreter?  |  |  |  |
|  |  |  |  |
|  | If yes, what language/dialect?  |  |
|  |  |  |
|  |  |  |
| 10. Would you prefer male or female? |   |
|  |  |
| 11. Does the other party need an interpreter, or translated information? (eg. Letters) |   |
|  |  |
| If yes, what language/dialect? |  |

**Part D – Domestic and Family Violence**

|  |  |
| --- | --- |
| 12. Are there allegations of physical, verbal or emotional abuse between the parties? |  |
|  |  |
| 13. If yes, are you the victim? |  |
|  |  |  |  |
| 14. Has there been any recent threat, physical violence or intimidation? |  |
|  |  |
| 15. If yes, please tell us what happened. |  |
|  |
|  |  |  |  |
| 16. Can you speak freely to the other party without feeling scared or intimidated?  |  |
|  |  |
| 17. Are you worried about your safety during a mediation?  |  |
|  |  |  |  |
| 18. Are you worried about your safety or your child’s safety as a consequence of attending mediation?  |  |
|  |  |  |  |
| 19. Is there a current AVO?  |  |
| *if yes, please provide a copy -* ***we cannot proceed until we receive it*** |  |
|  |  |  |  |
| 20. Was there a previous AVO?  |  |
|  |  |
|  | If yes, how long ago? |  |
|  |  |  |
| 21. Has there ever been a breach of AVO? |  |

**Part E – Accessibility needs**

|  |  |
| --- | --- |
| 22. Do you need anything put in place to assist you on the day of the mediation?  |  |
|  |  |
| 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*** |
|  |

|  |
| --- |
| **CHECKLIST COMPLETED BY** |
|  |
| Name |  | Date |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |
| **CERTIFICATION – TO BE COMPLETED BY LAWYERS ONLY** |
| **if the party has a lawyer, the lawyer *must* certify suitability for mediation.** |
| **Lawyers** |
| * *I have taken instructions from my client*
 |  |  |
| * *I believe this matter is suitable for family dispute resolution*
 |  |  |
| * *I consent to you providing contact details to other parties or their lawyers*
 |  |  |
|  |  |  |
| **NOTE: In children and property matters:** |  |  |
|  | I am aware my contact details will be shared with the other party’s lawyer so that financial information can be exchanged |