

Please open this form in Adobe if possible.

If opened in a browser, automated functions (submit/email) may not appear or function properly.

Grant file number (20Fxxxxxx)	<input type="text"/>
Client's name	<input type="text"/>
Email address	<input type="text"/>
Phone number	<input type="text"/>
Date of birth	<input type="text"/>

All parties attending the mediation must complete this Intake and Assessment Checklist to help us decide whether mediation is suitable and safe for the parties in this matter.

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

Please click the submit button or email the completed checklist and any attachments to fdr.checklist@legalaid.nsw.gov.au.

When we receive the form, we will allocate the matter to a Mediation Organiser who will contact you to arrange the mediation.

Part A – Type of Mediation

1. What type of mediation would you prefer?

Face to face Video Telephone

2. Would you prefer a shuttle mediation? (*mediator talks to each party separately*) Yes No

Legal Aid will decide on the most suitable type of mediation, taking all parties' preferences into account.

Part B – Cultural Information

Aboriginal/Torres Strait Islander

3. Do you identify as an Aboriginal person? Yes No

4. Do you identify as a Torres Strait Islander person? Yes No

5. If possible, would you prefer an Aboriginal/Torres Strait Islander mediator? Yes No Don't mind

Other Cultural Identity

6. Do you identify with a cultural and/or religious background? Yes No

If yes, provide details

7. If possible, would you prefer a mediator from your own cultural or religious background? Yes No Don't mind

Interpreting and translation

8. Do you need an interpreter? Yes No
If yes, what language/dialect?
9. Would you prefer male or female? Male Female Don't mind
10. Does the other party need an interpreter, or translated information? (eg letters) Yes No
If yes, what language/dialect?

Part C – Domestic and Family Violence

11. Is there a history of physical, verbal or emotional abuse in this relationship? Yes No
12. Has there been any recent physical violence, threats or intimidation from the other party? Yes No
13. Are you able to speak to the other party without feeling fearful or intimidated? Yes No
14. Is there a current Apprehended Violence Order (AVO)? Yes No
If yes, at which Court was the order made?
Please attach a copy
15. Has there been an AVO previously? Yes No
If yes, how long ago?

Part D – Health

It is important that parties attending the mediation feel well, alert, and able to focus for long periods on the discussion about their issues. Their ability to concentrate and understand complex information can be affected by physical or mental illness, taking prescription or other medication, including methadone, and/or using alcohol or other drugs.

16. Do you have health issues which may affect your ability to participate in a mediation? Yes No
If yes, please provide details
17. Do you know if the other party/ies have any health issues that may affect their ability to participate? Yes No
If yes, please provide details

Part E – Support Persons

A support person can provide practical and emotional support to a party attending mediation. They are not an advocate and do not participate in the mediation. We will decide your request for a support person based on whether it will help in the mediation. We may consult the other party/ies before making our decision.

18. If you would like a support person to attend mediation with you, please complete the following

Name of Support Person	Relationship to party or	Reason for support person
<input style="width: 215px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 495px; height: 20px;" type="text"/>

Part F – Practical needs for the Mediation

19. Do you need anything put in place to assist you on the day of the mediation? Yes No
eg. disability requirements
If yes, please provide details

Other party details

Other party's name

Other Party's email address

OP phone number

OP street address

We will contact all parties in the matter to invite them to the mediation, and to 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

Completed by (name)

On (date)

I am a party

I am a lawyer

I am a Mediation Organiser

Lawyers

- I have taken instructions from my client* Yes No
- I believe this matter is suitable for family dispute resolution* Yes No
- Do you consent to providing your contact details to the other party or their Lawyer?* Yes No