

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 & 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](mailto: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.

What is your relationship to the child/ren in this matter?

What are the names and dates of birth of the subject children, and who do they live with?

Name	DOB	Living With
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part A – Family Dispute Resolution**

1. Have you attended Family Dispute Mediation in the past 12 months?

If yes, at which organisation?

and what type of certificate was issued?      A      B      C      D      E

2. What issues would you like to discuss at the mediation?

Live with      Spend time with      Relocation      Property      Other

**Part B – Type of Mediation**

3. What type of mediation would you prefer?

Face to face      Video      Telephone

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

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

**Part C – Matter Details**

5. Are there any current orders/parenting plans/written agreements? Yes No

*If yes, please attach a copy*

6. Were you married, or did you live with the other party? Yes No

If yes, when did your marriage or live-in relationship begin?

When did you separate?

7. How much time does the child/children spend with each party or parent?

What would you like to change about the current arrangements?

Please provide any additional information – eg about the special needs of the children

8. Have legal proceedings commenced in relation to family law issues? Yes No

*If no, please go to Part D*

9. Is there an Independent Children’s Lawyer? Yes No

If yes, what is his/her name?

10. When is the matter next in Court? For how many days?

What is it listed for?

11. Is there a report by a Family Consultant or other expert? Yes No

*If yes, please attach a copy*

12. If there is no expert report, has one been ordered by the Court? Yes No

If yes, when will it be released?

**Part D – Cultural Information**

**Aboriginal/Torres Strait Islander**

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

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

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

**Other Cultural Identity**

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

*If yes, provide details*

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

**Interpreting and translation**

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

**Part E – Domestic and Family Violence**

21. Is there a history of physical, verbal or emotional abuse between the parties? Yes No
22. Has there been any recent threat, physical violence or intimidation? Yes No
23. Are you able to speak freely to the other part/ies without feeling intimidated? Yes No
24. Do you have any concerns for your safety if you attend mediation? Yes No
25. Is there a current Apprehended Violence Order? Yes No  
*If yes, please attach a copy*
26. Has there been an AVO previously? Yes No  
If yes, how long ago?

**Part F – Welfare of the Children**

27. Is there any current involvement with DCJ? (formerly DoCS/FaCS) Yes No  
*If yes, please advise which DCJ office and the current status*  
  
Caseworker's name
28. Has there been any past involvement with DCJ? (formerly DoCS/FaCS) Yes No  
*If yes, please provide details*
29. Do you have concerns about your children's wellbeing when they are with the other party/ies? Yes No  
*If yes, please provide details*

**Part G – Health of the Parties**

*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.*

30. Do you have health issues which may affect your ability to participate in a mediation? Yes No  
*If yes, please provide details*
31. 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 H – 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.*

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

Name of Support Person	Relationship to party or role	Reason for support person

**Part I – Practical needs for the Mediation**

33. 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

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**

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