

PROPERTY MEDIATION Financial Information Form

If the party has a lawyer, this checklist is to be completed <u>by the lawyer</u> 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.

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 given by 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 (E), or write not known (NK).

Your details

Grant file number (24Fxxxxx)

OR DR number (DR-2024xxxxx)

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

ASSETS - eg. house, car, bank accounts			
Item description	Who owns? You, other party, jointly	Value (Your estimate)	Other party's estimated value (if known)
1			
2			
3			
4			
5			
6			
7			
8			
Total			

SU	PERANNUATION			
	Item description	Who owns? You, other party, jointly	Value (Your estimate)	Other party's estimated value (if known)
9				
10				
11				
12				
Tot	al			

OTHER FINANCIAL RESOURCES			
Item description	Who owns? You, other party, jointly	Value (Your estimate)	Other party's estimated value (if known)
13			
14			
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	

Calculation		
Assets	Liabilities	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 a valuation.

Item numl	ber

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 d escription	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 party on 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; victims 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?	Amount received
Item acquired	How acquired?	Amount paid
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 Using income for food, clothing or household Performing household tasks: cleaning, cooking, washing, gardening Caring for other children Caring for step-children Caring for other party's grandchildren Other (provide details below)

Details

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?

Full-time	Part-Time	Casual	Unemployed
Studying/Training	- Provide details about the	course of study/training inclu	uding the expected end date

CURRENT SOURCE OF INCOME or BENEFIT			
Funds you receive	Give details	WEEKLY income after Tax	
Wage/Salary			
Government benefit			
Child support			
Rent/Board			
Work benefits			
Share dividends			
Any other income			
TOTAL WEEKLY INCOME			

DOMESTIC and FAMILY VIOLENCE		
13. Has Family violence impacted you?	Yes	No
14. Has Family violence impacted your financial contributions?	Yes	No
15. Has Family violence impacted your non-financial contributions?	Yes	No
16. Has Family violence had an impact on your future needs?	Yes	No

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.	Yes	No
Lawyers for parties who are not funded by Legal Aid		
I have made my client aware of my fees for the mediation process.	Yes	No

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

Signature:		Date:
l am a party	l am a lawyer	