

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

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

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

Name	Gender	Date of Birth	Living with

Part A - Family Dispute Resolution

1. Have you attended Family Dispute Resolution mediation in the past 12 months? Yes No

If yes, at which organisation?

Did you receive a certificate saying you attended? Yes No

If so, what type? (\$60i or CDR) Section60i A B C D E or CDR

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

Live with Spend time with Relocation Property Other

Part B - Format of mediation - Legal Aid conducts mediations via Zoom

What format would you prefer?

Parties can see one another Shuttle - Parties cannot see one another Zoom - audio only

Comments

3. Do you have access to the internet? Yes No

Phone back-up

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

Party's number

Solicitor's number

Part C - Matter Details

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

If yes, please attach a copy

5. Were you and the other party married, or did you live together? Yes No

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

When did you separate?

6. 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

7. Have legal proceedings commenced? Yes No

If no, please go to Part D

8. Is there an Independent Children's Lawyer? Yes No

If yes, what is their name?

9. When is the matter next in court? For how many days?

What is it listed for?

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

If yes, please attach a copy

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

If yes, when will it be released?

Part D - Aboriginality

12. Are you Aboriginal? Yes No

13. Are you Torres Strait Islander? Yes No

14. Would you prefer an Aboriginal or Torres Strait Islander mediator? Yes No Don't mind

15. Are the children Aboriginal? Yes No

16. Are the children Torres Strait Islander? Yes No

Part E - Cultural Information

Cultural Identity

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

If yes, provide details

18. Would you prefer a mediator from your own cultural or religious background if available? Yes No Don't mind

Interpreting and Translation

19. Do you need an interpreter? Yes No

If yes, what language/dialect?

20. Would you prefer a male or female interpreter? Male Female Don't mind

21. Does the other party need an interpreter or translated information? (eg. letters) Yes No

If yes, what language/dialect?

Part F - Domestic and Family Violence

22. Are there allegations of physical, verbal or emotional abuse between the parties? Yes No

23. If yes, are you the victim? Yes No

24. Has there been any recent threat, physical violence or intimidation? Yes No

If yes, please tell us what happened

25. Can you speak freely to the other party without feeling scared or intimidated? Yes No

26. Are you worried about your safety during a mediation? Yes No

27. Are you worried about your safety or your child's safety as a consequence of attending mediation? Yes No

28. Is there a current AVO? Yes No

If yes, please attach a copy of the AVO

29. Was there a previous AVO? Yes No

If yes, how long ago?

30. Has there ever been a breach of AVO? Yes No

Part G - Welfare of the Children

31. Do you have any concerns about your children's wellbeing when they are with the other party/ies? Yes No

If yes, please provide details

DCJ Involvement

32. Is there any current involvement with Dept of Communities & Justice? (Prev DoCs/FaCS) Yes No
If yes, please advise which DCJ office and the current status

Caseworker's name

33. Has there been any past involvement with DCJ? Yes No
If yes, please provide details

34. Do you consent to Legal Aid NSW approaching DCJ to obtain information for the purpose of the mediation? Yes No

Part H - Accessibility needs

35. Do you need anything put in place to assist you on the day of the mediation? Yes No

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

Completed by (name)

on (date)

I am a party

I am a lawyer

I am a mediation organiser

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 | Yes | No |
| • I believe this matter is suitable for family dispute resolution | Yes | No |
| • I consent to Legal Aid providing my contact details to the other party's lawyer | Yes | No |

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