

**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](mailto:fdr.checklist@legalaid.nsw.gov.au)**

Grant file number (24Fxxxxxx)

**OR DR number (DR-2024xxxxxx)**

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	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? (S60i 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 - Type of Mediation**

**Legal Aid NSW is now conducting most mediations online via Zoom.**

**Please contact your mediation organiser if you don't have internet access, or if you have any other concerns about participating in online mediation.**

**Mediation type** - Online via Zoom

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

Comments

### Internet connectivity

3. Do you have access to the internet? Yes No
4. Will you have enough data to be online for the mediation for up to 4 hours? 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

Solicitor

### 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 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?

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? Yes No

*If no, please go to Part D*

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

If yes, what is their 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 existing expert report, has one been ordered by the Court? Yes No

If yes, when will it be released?

## Part D - Aboriginality

- |  |     |    |            |
|--|-----|----|------------|
| 13. Do you identify as an Aboriginal person?   | Yes | No |            |
| 14. Do you identify as a Torres Strait Islander person?  | Yes | No |            |
| 15. If you are Aboriginal or Torres Strait Islander person, would you prefer an Aboriginal/Torres Strait Islander mediator if available? | Yes | No | Don't mind |
| 16. Does the other party or children identify as Aboriginal?   | Yes | No |            |
| 17. Does the other party or children identify as Torres Strait Islander?   | Yes | No |            |

## Part E - Cultural Information

### Cultural Identity

- |  |     |    |            |
|--|-----|----|------------|
| 18. Do you identify with a cultural and/or religious background?                             | Yes | No |            |
| If yes, provide details  |     |    |            |
| 19. Would you prefer a mediator from your own cultural or religious background if available? | Yes | No | Don't mind |

### Interpreting and Translation

- |   |      |        |            |
|---|------|--------|------------|
| 20. Do you need an interpreter?   | Yes  | No     |            |
| If yes, what language/dialect?  |      |        |            |
| 21. Would you prefer a male or female interpreter?                                    | Male | Female | Don't mind |
| 22. 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

- |   |     |    |
|---|-----|----|
| 23. Are there allegations of physical, verbal or emotional abuse between the parties?                 | Yes | No |
| 24. If yes, are you the victim?   | Yes | No |
| 25. Has there been any recent threat, physical violence or intimidation?                              | Yes | No |
| 26. If yes, please tell us what happened  |     |    |
| 27. Can you speak freely to the other party without feeling scared or intimidated?                    | Yes | No |
| 28. Are you worried about your safety during a mediation?   | Yes | No |
| 28. Are you worried about your safety or your child's safety as a consequence of attending mediation? | Yes | No |
| 29. Is there a current AVO?   | Yes | No |
| If yes, please attach a copy of the AVO - <u>we cannot proceed until we receive it</u>                |     |    |
| 30. Was there a previous AVO?   | Yes | No |
| If yes, how long ago?   |     |    |
| 31. Has there ever been a breach of AVO?  | Yes | No |

## Part G - Welfare of the Children

32. 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

33. Has there been any past involvement with DCJ? *(formerly DoCS/FaCS)* Yes No  
*If yes, please provide details*

34. 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*

## 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**

**CERTIFICATION - if the party has a lawyer, the lawyer must certify suitability for mediation.**

Completed by (name)

on (date)

I am a party

I am a lawyer

I am a mediation organiser

**Lawyers**

- |  |     |    |
|--|-----|----|
| • I have taken instruction from my party   | Yes | No |
| • I believe this matter is suitable for family dispute resolution                            | Yes | No |
| • I consent to Legal Aid FDR providing my contact details to the other party or their lawyer | Yes | No |

Note: In children and property matters:

I am aware my contact details will be shared with the other party or their lawyer so that financial information can be exchanged