

**LAAC & PRIVATE PROFESSION
ACCESS TO LEGALLY ASSISTED FDR
REFERRAL FORM**

Date: / /

Name of Referring Practitioner:

PLEASE FILL IN CLIENT DETAILS BELOW

First name: Surname:
 Other names / aliases: Mr Mrs Miss Ms Other
 Date of Birth:...../...../..... Gender: Male Female Other
 Home Address:
 Postal Address (if different):.....
 Mobile: Personal Email:
 Country of Birth: Main language spoken at home:

FINANCIAL INFORMATION (please include assets/liabilities owned solely and/or jointly with others)

Income and Assets F.A.P*	CLIENT/ F.A.P*	Liabilities	CLIENT / F.A.P*
Gross weekly income	\$/ \$.....	Rent/Board payments per week:	\$/ \$.....
Current balance of bank accounts	\$/ \$.....	Balance owing on Credit Card/s	\$/ \$.....
Value of any motor vehicles	\$/ \$.....	Balance owing on any mortgage/s	\$/ \$.....
Value of any real estate	\$/ \$.....	Balance owing on any car or other loan/s	\$/ \$.....

*F.A.P = financially associated person

This form is to enable the FDR unit to assess whether it is appropriate to arrange a Family Dispute Resolution (FDR) Conference. Completed checklists, copies of any current DVO/AVO related to the protection of the parties or the children, as well as copies of all court documents will help us assess whether family dispute resolution is suitable for this matter, and whether there are any special circumstances to consider in organising the conference. We will not provide any information from this form to any other party.

If the matter is assessed as suitable for FDR the conference coordinator will contact you to schedule the conference.

Please return the completed form and any attachments - within 7 days - to the email or postal address above.

WE WILL NOT CONFIRM A CONFERENCE UNTIL WE RECEIVE THIS COMPLETED FORM.

What is your client's 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

Family Dispute Resolution

1. Has your client attended a Family Dispute Resolution Conference in the past 12 months? Yes No

If yes, at which organisation?

If yes, what type of Section 60i certificate was issued?

(a) (b) (c) (d) (e)

2. What issues would your client like to discuss at the conference?

Live with Spend time with Relocation Property Other

Provide brief details

3. Is there any urgency? Yes No

If yes, what is the reason for the urgency?

Matter Details

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

If yes, please send us a copy of the orders.

5. If your client was married to or lived with the other party: N/A

a. When did the marriage or live-in relationship begin?

b. When did separation occur?

d. What is the date of divorce?

6. How much time do the child/ren currently spend with each parent or other party?

--

7. What would your client like to change about the current arrangements?

--

Please provide any additional information – eg about the special needs of the child/ren.

--

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

If no, please go to question 13.

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

--

What for?

--

How many days?

--

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 report, has one been ordered by the Court? Yes No

If yes, when will it be released?

--

Cultural Information

Legal Aid ACT's Community Liaison Unit (CLU) are available to assist ATSI & CALD clients throughout the FDR process. Liaison Officers are able to connect clients to relevant services and can attend conferences to support your client to consider proposals and understand their rights and obligations. If your client would like assistance, we will pass on their details to CLU.

Aboriginal / Torres Strait Islander

13. Does your client identify as an Aboriginal or Torres Strait Islander person? Yes No

14. Would your client like assistance from Legal Aid ACT's ATSI Support Officer? Yes No

Other Cultural Identify

15. Does your client identify with a cultural and/or religious background? Yes No

If so, please provide details

--

16. Would your client like assistance from Legal Aid ACT's CALD Support Officer? Yes No

Interpreting and Translation

17. Does your client need an interpreter? Yes No

If so, what language / dialect?

18. Does the other party need an interpreter? Yes No

If so, what language / dialect?

Domestic and Family Violence

19. Is there a history of physical, verbal or emotional abuse between the parties? Yes No

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

If yes, please provide details

21. Will your client be able to speak freely to the other party/ies without feeling intimidated? Yes No

22. Does your client have any concerns for their safety when attending mediation? Yes No

23. Is there a current Apprehended Violence Order (AVO)? Yes No

If yes, please attach a copy

24. Has there been an AVO previously? Yes No

If yes, how long ago?

Welfare of the Children

25. Is there past or current involvement with CYPS/FaCS? Yes No

If yes, please advise as to the status provide a copy of any current order

26. Does your client have concerns about the child/ren's safety or well-being when they are with the other party/ies? Eg drug or alcohol abuse, unmanaged mental health issues etc. Yes No

If yes, enter details

Part G – Practical Needs for the Conference

27. Do you have any health issues that may affect your ability to participate in the conference? Yes No

If yes, please provide details

28. Do you know if the other party/ies have any health issues that may affect their ability to participate in the conference? Yes No

If yes, please provide details

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

eg – disability requirements

If yes, please provide details

CERTIFICATION

Completed by (name)

Date

Lawyers:

- *I have taken instructions from my client*
- *I believe this matter is suitable for family dispute resolution*
- *I consent to you providing my business contact details to the other party or their lawyer.*

Yes No

Yes No

Yes No

Other Party's Name

Email Address

Phone Number/s

Address

Additional Information