**Initiating Mediation Form**

**Our ref:**

|  |
| --- |
| **Party A** |
| Name |  |
| Phone |  |
| Email |  |
| Address |  |
|  |
| **Party B** |
| Name  |  |
| Phone |  |
| Email |  |
| Address |  |
|  |
| **Issue Details** |
|  |

|  |  |
| --- | --- |
| *Question* | *Answer – MUST be filled out* |
| “Are you Aboriginal and/or Torres Strait Islander?” | Choose an item. |
| “Are you employed?” | Choose an item. |
| “Do you receive Centrelink, and if yes, what type of payment?” | Yes/No & What type of Payment |
| “What is your approximate annual income?” | Click or tap here to enter text. |
| “What is your relationship status?” | Choose an item. |
| “How many dependent children do you have?” | Choose an item. |
| “Is domestic violence an issue for you?” | Choose an item. |
| “Are you at risk of homelessness?” | Choose an item. |
| “Do you have a disability? And if yes what type?  | Yes/No & What  |
| “What is the main language spoken at home?” *Answer the following if main language is not English*  | Main language spoken at home |
|  “How are you with written English”?  | Choose an item. |
|  “How are you with spoken English”?  | Choose an item. |
|  “Do you require an interpreter/ translator?” | Choose an item. |
|  “How did you hear about us?” | How did they hear about us? |