

PROPERTY MEDIATION
Financial Information
Form

If the party has a lawyer, this checklist is to be completed by the lawyer 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 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 (24Fxxxxxx)

OR DR number (DR-2024xxxxxx)

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

Name

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			

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

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 number

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 description	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

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	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

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

Any further details

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 the fees for the mediation process. Yes No

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

Signature: **Date:**
I am a party I am a lawyer