#### SENSITIVE – Personal



#### Community Justice Centres

**General Referral Form**

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| **REFERRER DETAILS**  |
| **Name:**       | **Position:**       |
| **Organisation:**       | **Address:**       | **P/Code:**       |
| **Phone:**       | **Fax:**       |
| **PARTY A DETAILS** *(Please provide additional party details on separate sheet)* |
| **Name:**       |
| **Address:**       | **P/Code:**       |
| **Phone (H):**       | **Phone (W):**       | **Mobile**:       |
| **PARTY B DETAILS  *(If known)*** |
| **Name:**       |
| **Address:**       | **P/Code:**  |
| **Phone (H):**       | **Phone (W):**       | **Mobile:**  |

**Do the party/ies consent to mediation? (Please obtain their signature)**

Party A [ ]  Yes [ ]  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature

Party B [ ]  Yes [ ]  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature

**Please provide a brief description of the dispute:**

Is there any current legal action? [ ]  Yes [ ]  No [ ]  Unsure

If yes, please provide details:

Privacy: This information will be sent to CJC, for the purposes of arranging mediation. It will not be used or disclosed for any purpose other than that permitted under the CJC Act 1983. Should parties wish to access or amend the personal information, please contact CJC.

How to contact us – phone: 1800 990 777

**Fax:** (02) 8688 9616 **| ‌‌‌Email:** cjc-referrals@justice.nsw.gov.au **|** **Website:** www.cjc.justice.nsw.gov.au

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