**Please complete this form if you would like CJC assistance to resolve a dispute.**

1. **YOUR DETAILS**

|  |
| --- |
| **Name:**       |
| **Address:**       |
| **Phone/mobile:**       | **Email:**       |
| **Do you require an interpreter?** **[ ]  Yes** **[ ]  No** | **Yes, which language?**  |

1. **OTHER PARTY’S DETAILS** (Optional, however CJC will need these details in future if you request mediation)

|  |  |
| --- | --- |
| **Name:**       | **Phone/mobile:**       |
| **Address:**       | **Email:**       |

1. **MY DISPUTE INVOLVES**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Neighbours | [ ]  Family | [ ]  Friends | [ ]  Spouse/Partner |
| [ ]  Workplace | [ ]  Business | [ ]  Money/debt | [ ]  Club, Group, Association |
| [ ]  Other       |

|  |  |
| --- | --- |
| * How long have you known the other party/ies?
 | * How long have you been in a dispute?
 |
| * Please briefly describe your dispute:
 |
| * What are your goals for resolving the dispute?
 |
| * How have you tried to resolve your dispute so far? eg talking with the other person/s, contacting other services for assistance etc:
 |

1. **HOW DID YOU FIND OUR SERVICE**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Online search | [ ]  Word of mouth | [ ]  Friend, acquaintance | [ ]  Previous CJC client |
| [ ]  Media | [ ]  Brochure | [ ]  NSW Police | [ ]  NSW Court or Tribunal |
| [ ]  Local Council | [ ]  Law Access | [ ]  Legal Aid | [ ]  Private Solicitor |
| [ ]  Healthcare professional eg doctor, counsellor | [ ]  Other       |

**WHAT HAPPENS NEXT?**

* **Return this form to CJC** by email cjc@justice.nsw.gov.au
* **We will contact you** during business hours to talk about how we can help.

**Freecall:** 1800 990 777 **Fax**: 02 8688 9616 **Email**: cjc@justice.nsw.gov.au **Website:** www.cjc.justice.nsw.gov.au

If you are **deaf or have a hearing impairment or speech impairment**, contact us through the National Relay Service on 1800 555 677

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