**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](mailto: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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