**SENSITIVE – Personal**



**COMMUNITY JUSTICE CENTRES**

**Housing NSW / Community Housing Referral Form**

Table

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| --- |
| **REFERRER DETAILS** |
| Name and position:       |
| Postal address:       |
| Phone:       | Fax:       | Email:       |
| **PARTY A DETAILS** *(please provide additional party details on a separate sheet)* |
| Name:       |
| Address:       |
| Phone: (h)       | (w)       | (m)       |
| **PARTY B DETAILS** *(If known)* |
| Name:       |
| Address:       |
| Phone: (h)       | (w)       | (m)       |

**Mediation is more likely to succeed when the referrer encourages and supports the referral.**

1. Have you told the parties you have referred them to CJC and CJC will be contacting them?
2. Please provide any other relevant information about the parties in the additional space (special needs/attitude to referral etc.

**Party A** [ ]  Yes [ ]  No **Party B** [ ]  Yes [ ]  No

Please provide a brief description of the dispute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*If yes, please provide details and copies of documents if available:*

***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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