



DEPARTMENT OF JUSTICE



REFERRER DETAILS

Name:	Position:	<i>The Referrer will be contacted by CJC prior to contacting parties</i>
Organisation:	Address:	P/Code:
Phone:	Fax:	Email:

PARTY A DETAILS *(Please provide additional party details on separate sheet)*

Name:		
Address:		P/Code:
Phone (H):	Phone (W):	Mobile:
Email:		

PARTY B DETAILS *(If known)*

Name:		
Address:		P/Code:
Phone (H):	Phone (W):	Mobile:
Email:		

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 and confidentiality will be maintained. Should parties wish to access or amend the personal information, please contact CJC.

CONTACT DETAILS

Fax: Referral Form on 08 8999 6226 OR Email: cjc.doj@nt.gov.au Phone Freecall: 1800 000 473
Community Justice Centre, Level 1 Magistrates Court, Nichols Place, Darwin 0800

Website: www.cjc.nt.gov.au