

RMS ID #:	RMS dispute #:	Date received:
Provider:	Subsidy eligibility:	Record status:



Family Resolution Service

REGISTRATION FORM

** - mandatory field*

Today's date:*

Section one: Your details

Your name*

First name*:		Middle name:	
Surname*:		Maiden name:	
Known as:		Title:	

Date of birth*:

Gender*:

Section two: Your children's details

Number of dependents*:

Complete the following details for each of your dependent children. *

Child 1*

First name(s):		Surname:	
Date of birth:		Gender:	
Currently resides with:			
Existing custody arrangements:			

Child 2

First name(s):		Surname:	
Date of birth:		Gender:	
Currently resides with:			
Existing custody arrangements:			

Child 3

First name(s):		Surname:	
Date of birth:		Gender:	
Currently resides with:			
Existing custody arrangements:			

Child 4

First name(s):		Surname:	
Date of birth:		Gender:	
Currently resides with:			
Existing custody arrangements:			

Child 5

First name(s):		Surname:	
Date of birth:		Gender:	
Currently resides with:			
Existing custody arrangements:			

Section three: Previous dispute resolution services

Have you previously used Family Dispute Resolution services? *

No Yes

If yes, when? Service provider:

Have you completed a Parenting Through Separation course? *

No Yes

If yes, when? Service provider:

Have you used the Family Legal Advice Service (FLAS)? *

No Yes

If yes, when? Service provider:

Section four: Special information

Some of the following questions are very personal and sensitive; however we are required by the Family Court to collect this information.

Do you have a Protection Order in place? *

No Yes

If yes, please provide details:

Do you have a Police Family Safety Order? *

No Yes

If yes, please provide details:

Do you have any domestic violence issues or concerns? *

No Yes

If yes, please provide details:

Do you, or anyone involved in the dispute, require special assistance during mediation? *

For example: translation services, disability services or mental health information.

No Yes

If yes, please provide details:

Section five: Contact information

Address*

Address type: Home Work Other, please specify:

Street number:*		Unit number:	
Street address*:			
Suburb:		Town/city*:	

Email

Email address:	
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Phone*

Best contact phone number *:			
Home phone:		Mobile phone:	
Work phone:		Fax:	

Please note: you must provide at least one contact phone number for your FDR registration to progress.

Section six: Other parties

Who is the dispute with? *

Please provide as many details of the other party(s) involved in the dispute as possible.

Person 1 *

First name(s): *		Surname: *	
Date of birth:		Gender:	
Address:			
Email:			
Phone:			

Is this person aware of this Family Despite Resolution service registration? No Yes

Person 2

First name(s):		Surname:	
Date of birth:		Gender:	
Address:			
Email:			
Phone:			

Is this person aware of this Family Despite Resolution service registration? No Yes

Person 3

First name(s):		Surname:	
Date of birth:		Gender:	
Address:			
Email:			
Phone:			

Is this person aware of this Family Despite Resolution service registration? No Yes

Person 4

First name(s):		Surname:	
Date of birth:		Gender:	
Address:			
Email:			
Phone:			

Is this person aware of this Family Despite Resolution service registration? No Yes

Support person(s)

If you wish to bring a support person with you to the initial mediation meeting please provide their details below. Please be aware that for your support person(s) to attend further mediation sessions following the initial meeting, this must be agreed by the other parties involved in the dispute and the mediator.

Full name	Relationship	Agreed to attend?

Section seven: Other information

What is your NZ residency status? *

NZ Citizen

NZ Resident

Other, please specify:

Do you have any religious or cultural values or beliefs that you would like us to understand?

Please specify.

How did you hear about Family Works' Family Dispute Resolution service?

Privacy

Family Works collects information from you for the following reasons:

- to provide a quality service and to assist you to achieve your identified goals
- to provide statistical information for internal and external auditing, quality control and research purposes
- to advocate on your behalf with other community agencies
- to allow for possible information sharing with other members of the Family Works team and relevant agencies, including the provision of reports on the outcomes and dates of service.

Family Works reserves the right to share information with appropriate agencies where there is evidence of a serious risk of harm to you or someone else. You have the right to see and correct your personal information that Family Works has collected.

At the initial mediation meeting the privacy agreement, service charter and Family Works Clients Rights Charter and/or Children's Bill of Rights will be explained and made available to you. You will also be provided with a service evaluation form and asked to sign a hard copy of this registration form.

By submitting this form to Family Works you affirm that the details provided are correct. You also agree to the storage and sharing of information as required.

To submit this registration form, email it to fwrs@psc.org.nz

SIGNED (To be completed during your first mediation meeting.)

I, the undersigned, acknowledge that privacy agreement, service charter and Family Works Clients Rights Charter and/or Children's Bill of Rights have been explained and made available to me. I have been provided with a service evaluation form.

Name:

Date:

Signature: