# Pre-conciliation Questionnaire

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**Paid agents must give this questionnaire to clients.**

The information you provide here assists us with your conciliation and is subject to the same confidentiality and privilege associated with disclosures made during conciliation.

The content of this questionnaire will not be disclosed to the other party. It will not dictate terms of your conciliation or settlement. It will be destroyed upon completion of the conciliation.

## Case information

|  |  |
| --- | --- |
| **Matter No/Case No:** |  |
| **Paid agent details:****Include – name, company, address, phone number and email** |  |
| **Acting on behalf of:****Include – respondent or applicant client’s full name** |  |

## Cost estimate

|  |  |
| --- | --- |
| **What is the cost to your client to date?** |  |
| **What is the cost to your client to attend a conciliation/conference?** |  |
| **What are your estimated costs to your client if the matter proceeds to a contested hearing?** |  |

## Settlement terms

|  |  |
| --- | --- |
| **What monetary settlement terms do your client consider necessary to resolve the matter?** |  |

### Financial settlement range

|  |  |
| --- | --- |
| **What is the financial range within which you or your client is prepared to resolve any financial component of the claim?** |  |

### Non-monetary settlement terms

|  |  |
| --- | --- |
| **What non-financial settlement terms do your client consider necessary to resolve the matter?** |  |

### Previous settlement proposals

|  |  |
| --- | --- |
| **Were there any previous offers or settlement discussions/proposals between the parties?****If so, provide details.** |  |
| **Are there any terms that your client would consider a "deal-breaker"?** |  |

## Risks of non-resolution

|  |  |
| --- | --- |
| **What are the risks to your client of not resolving the matter?** |  |

## Additional information

|  |  |
| --- | --- |
| **Is there any other information relevant to the resolution of the matter at conciliation?** |  |
| Has your client made attempts to gain other employment? |  |
| Have they been successful in these attempts? Are they currently employed? |  |
| Does your client have a current workers’ compensation claim? |  |
| Does your client have out-of-pocket medical expenses? |  |
| Is there an insurer involved? |  |