



### COMPLETE ALL QUESTIONS

#### 1. Your personal details

Title: Mr Ms Miss Mrs  
Other (specify)

First names:

Family name:

Alias or other name:

Gender: Male Female Other / Not stated

Date of birth:   
Day Month Year

#### 2. Your contact details

Your home address: (even if you are in custody)

Your postal address: (leave blank if same as home address)

Are you homeless or in temporary accommodation?

Yes No

Are you in custody?

Yes No MIN:

Location:

Email:

Would you prefer to be contacted by email?

Yes No

Mobile: Other:

#### 3. Your background

Are you Aboriginal and/or Torres Strait Islander?

No Yes, Aboriginal Yes, Torres Strait Islander

Yes, Aboriginal and Torres Strait Islander

Country of birth if not Australia?

Year entered Australia?

Do you speak a language other than English at home?

No Yes, which language?

How well do you speak English?:

Very well Well Not well Not at all

Do you need an interpreter?

No Yes, which language?

Do you have a disability or mental health condition?

No Yes Not stated

What kind of disability?

Acquired brain injury Mental health condition

Autism spectrum Physical impairment

Chronic health condition Vision impairment

Cognitive/intellectual Other (please specify)

Hearing/speech impairment

What disability support do you need?

Auslan interpreter Large print documents

Wheelchair access Other (please specify)

Hearing loop

Are you experiencing or at risk of domestic and family violence (including from a former relationship)?

Yes No

#### 4. Your financial circumstances

Employment status:

Yes Full time Part time Casual No

Are you receiving a Centrelink pension or benefit?

Yes No

Maximum rate? Yes No Don't know

Benefit type?

What is your total weekly income after tax?

#### 5. Your legal matter

Who are you in dispute with?

Name:

Gender: Male Female Other / Not stated

Date of birth:

Day Month Year

Address:

Phone:

Email:



### COMPLETE ALL QUESTIONS

Relationship to you:

Is the other party legally represented?    Yes    No

Name and details of legal practitioner:

Type of proceeding (parenting/property etc)?

What is your Court file number:

When is the next hearing date?                      Day    Month    Year

What is happening on the next Court date:

Interim Hearing            Directions/Mention hearing

Final Hearing

Name of the Judge hearing your matter:

Which court do you have to go to?

Family Court            Federal Circuit Court

Location:

### Consent to share information

The information provided in your application form will be used:

- i. To assist with your legal representation;
- ii. For inclusion in our records;
- iii. To compile statistical information for use by us and our funders
- iv. To communicate with the courts about the status of your application

### Applicant declaration

*I understand that it is an offence to give false information.*

*I declare that to the best of my knowledge the information I have given is true and correct.*

*I consent to the use of my information for the stated purposes.*

Your signature:

Date:

Day    Month    Year

### Please return the completed form:

- In person to a Family Advocacy and Support Services lawyer or support worker at the Family Law Courts.
- By post to PO Box K847 Haymarket NSW 1240.
- By email to [crossexamscheme@legalaid.nsw.gov.au](mailto:crossexamscheme@legalaid.nsw.gov.au)

**APPLICATIONS MUST BE MADE AT LEAST 16 WEEKS PRIOR TO THE FINAL HEARING**

### PRIVACY

Legal Aid NSW collects personal information from you to:

- Provide you with a legal service
- Ensure accountability for the assistance we have provided
- Plan and report on our services

The information is stored by us in accordance with NSW privacy legislation. You have a right to apply to access and correct the information we hold about you.

For more information on our privacy obligations contact Legal Aid NSW PO Box K847 Haymarket NSW 1240, phone: (02) 9219 5000.