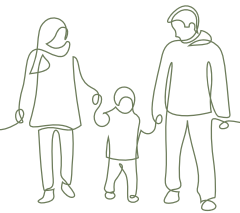


# Legal Assistance for Families: Partnership Agreement (LAFPA)



## Schedule 1 – Early intervention referral form

### 1. Primary contact (parent or person requesting advice)

Name:

Date of birth:

Phone:

Email:

Address/Location:

Relationship to child:

Identifies as Aboriginal or Torres Strait Islander:    Yes    No

Interpreter required?    Yes    No

Community of belonging/important familiar or kinship connections/cultural considerations (if known):

Has the client indicated a preference for a particular solicitor or particular legal service?    Yes    No

If yes, please choose one:    ALS    Legal Aid NSW    Other

### 2. Parent (if not listed above) or other secondary contact or significant person in relation to the matter

Name:

Date of birth:

Relationship to child:

Identifies as Aboriginal or Torres Strait Islander:    Yes    No

Interpreter required?    Yes    No

### 3. Children

Name	Age	Date of Birth	Cultural Identity

More than 4 children (please list below)

### 4. Consent from parent/s or primary carer obtained?

Yes    No (If you don't have consent you should not be using this form. Instead, provide the person with the 'Are DCJ talking to you about your kids' brochure and encourage them to get legal advice.)

### 5. Any current or previous orders?

Additional information:

6. Is any parent in custody?    Yes    No

### 7. What are the primary worries/concerns for this child?

**8. What is the likely next step? (Please include any time pressures)**

(e.g. family long term clients considering removal)

**9. How long have you been working with the family/have they been known to DCJ?**

**10. Nature of the referral**

**11. Attach any other relevant documents**

Referral made by:

	Name	Phone	Email
Caseworker			
MCW			
CSC		N/A	N/A
District		N/A	N/A

Who should the solicitor contact for further information or clarification?

Name:

Position:

Phone:

Email:

**Please send this completed form to**

**and**