

# Client authority (grants and complaints)



Use this form to give Legal Aid NSW your permission to speak to someone you choose about your application for legal aid, your grant of legal aid or your complaint.

## YOUR DETAILS

File number(s) \_\_\_\_\_

If you don't have a file number, what is your application for legal aid about?

\_\_\_\_\_  
\_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Family name \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone number \_\_\_\_\_ Email \_\_\_\_\_

## Who do you want us to give information about your application or grant of legal aid to?

PERSON ONE	PERSON TWO
First name _____	First name _____
Middle name _____	Middle name _____
Family name _____	Family name _____
Organisation _____ <i>(if applicable)</i>	Organisation _____ <i>(if applicable)</i>
Date of birth ____ / ____ / ____ <i>(if they are relative or friend)</i>	Date of birth ____ / ____ / ____ <i>(if they are relative or friend)</i>
Phone number _____	Phone number _____
Address _____ _____	Address _____ _____
Email _____	Email _____
Their relationship to you _____ <i>(e.g. parent, partner, friend, counsellor)</i>	Their relationship to you _____ <i>(e.g. parent, partner, friend, counsellor)</i>

I \_\_\_\_\_ authorise Legal Aid NSW to speak, write to or give information to the person I have named in this form about:

- My complaint
- All my applications and all my grants of legal aid
- My application described on this form
- My grant of legal aid for the file(s) listed on this form
- All of the above**

*(tick the box or boxes that are relevant to you)*

This authority will continue until I ask for it to be cancelled.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_