

1. Your personal details

Title: Mr Ms Mrs Miss Other

First names:

Surname:

Alias or other name:

Date of birth: Age:

Gender: Male Female Not identified

2. Your contact details

Mobile:

Tick this box if it is **unsafe** for us to send you text messages:

Other phone:

Email:

Address:

Postcode:

Are you homeless or in temporary accommodation?

No Yes

Are you in custody/detention? No Yes

MIN: Location:

3. Your background

Are you Aboriginal and/or Torres Strait Islander?

No Yes – Aboriginal

Yes – Torres Strait Islander Yes – both

Country of birth if not Australia?

Year arrived?

Do you speak a language other than English at home?

No Yes, which language?

4. Do you need an interpreter?

No Yes, which language?

5. Do you have a disability or mental health condition? i

No Yes Not stated

If you choose to tell us this, we will ask what supports you need to make our service work for you.

6. Are you experiencing or at risk of domestic and family violence? i

For example, has your partner, ex-partner or family member hit, slapped or threatened you? Or are you frightened of or controlled by them?

No Yes

7. Your source of income

Are you employed?

No Full time Part time Casual

Do you receive a Centrelink benefit?

No Yes, type:

Are you on the maximum rate? No Yes

8. Who is your legal problem with?

Name of Organisation:

Name of person:

Relationship to you:

Date of birth:

9. What is your legal problem about?

10. Declaration and Privacy

I understand it is an offence to give false or misleading information.

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

I understand that Legal Aid NSW collects my personal information to provide me with a legal service, ensure accountability for the assistance it provides and to plan and report on their services.

I understand this information is used and stored in accordance with NSW Privacy legislation and I can access further information about the Legal Aid NSW Privacy Policy at www.legalaid.nsw.gov.au or call 9219 5000.

Signature:

Date:

OFFICE USE ONLY

Client ID:

Advice #:

Client Disclosure Statement provided: No Yes

Date: Location:

Solicitor:

FOR THE SOLICITOR TO COMPLETE

If the client has a disability or mental health condition, then consider asking:

- Which of these categories best describe the client's disability/diagnosis?

Cognitive (includes intellectual, ASD, ABI, dementia etc.)

Mental health condition

Physical

Sensory/speech

Other:

- What supports does the client require? **i**

Auslan interpreter

Large print documents

Plain English summary of advice

Suitable communication (e.g. no phone calls, everything in writing):

Support person present

Other:

If the client is at risk of domestic and family violence, then consider asking: **i**

- Has an AVO been made for the protection of the client or their children? No Yes

- Is it safe to contact the client by?

SMS: No Yes Email: No Yes

Phone: No Yes Mail: No Yes

- Is it safe to disclose the client's address?

No Yes

- Is there anything else we can do to keep the client safe (e.g. do they feel safe going to court?):

Consider asking the client: (tick if yes)

- Have you ever stopped work or reduced your hours due to illness or injury? Referred to SIRP?
- Do you have any fines? Referred to WDO?

- Have you ever served in the armed forces? Referred to Veterans Advocacy Service?

- Are you a refugee or asylum seeker?

Advice provided on statutory time limits (include relevant dates):

FOR THE SOLICITOR TO COMPLETE

Record the client's instructions about his or her legal problem/s, the advice you have given about his/her options, any referrals you have made, and what (if any) further action you or the client will take

FOR THE SOLICITOR TO COMPLETE

Has the client seen Legal Aid NSW about this problem before? No Yes Not sure

Service provided: Advice Advice and minor assistance

Duty advice Duty advice and minor assistance

Face to face Video Telephone Email Letter

Matter group:

Matter type:

(please only use the approved list)

Court type/listing:

Location:

(please only use the approved list)

Next listing for duty:

Date: Court:

Listing type:

Where was the client referred to?

No referral necessary

Another Legal Aid office/unit

Community organisation

Aboriginal Legal Service

Community Legal Centre

Internet/Law Assist

LawAccess NSW

Government department/agency

Court/Tribunal

Law Society/Private practitioner

Police

Women's Domestic Violence
Court Advocacy

IDR/EDR

Publication

Library/LIAC

Union

Pro bono

Finance counsellor

Instructions for LSO: