

## 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:

Other phone:

Email:

Address:

Postcode:

We prefer to contact you by phone, text (SMS) or email. **i**

Please let us know if we can communicate with you by:

Phone calls: No Yes SMS: No Yes

Email: No Yes

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?

### OFFICE USE ONLY

Client ID:

Advice #:

Client Disclosure Statement provided: No Yes

Date: Location:

Solicitor:

## 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](http://www.legalaid.nsw.gov.au) or call 9219 5000.

Signature:

Date:

## 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:**