

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 **not safe** 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?

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?

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. Details of your dependent children

Do you have any dependent children?

No Yes, how many?

Do you pay child support or maintenance?

No Yes, for how many children?

9. Details of the children your legal problem refers to

Child 1 Name:

Date of birth: Gender:

Other Parent's name:

Other Parent's date of birth:

Child 2 Name:

Date of birth: Gender:

Other Parent's name:

Other Parent's date of birth:

Child 3 Name:

Date of birth: Gender:

Other Parent's name:

Other Parent's date of birth:

Child 4 Name:

Date of birth: Gender:

Other Parent's name:

Other Parent's date of birth:

More than 4 children

OFFICE USE ONLY: Client ID: Advice #:

Client Disclosure Statement provided: No Yes Date: Location:

10. Who is your legal problem with?

Name:

Address:

Date of birth:

Relationship to you:

Other interested parties:

Date of separation/divorce:

11. 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:

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?

- 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:

- 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?):

Child Support Service only:

- Child bearing expenses (CBE) advice given:
 No Yes
- 12 months to apply for CBE advice given:
 No Yes

- Client wants to pursue CBE: No Yes
- Authority taken: No Yes
- Birth Certificate requested: No Yes

Please take CSA authority and if applicable give client an application for legal aid.

FOR THE SOLICITOR TO COMPLETE

Has the client seen Legal Aid NSW about this

problem before? No Yes Not sure

Service provided:

Advice Minor assistance Duty Facilitated referral

Matter group:

Care and Protection Children
 Child support Property & Maintenance
 Family law other Other practice area

Matter type:

This listing:

Date:

Court:

Location:

Bench:

Solicitors for the other parties:

Next listing:

Date: Court:

Listing type:

Duty determination:

No application – advice only Allowed Refused, means

Assistance provided:

Adjournment/mention Advice only
 Conflict Information only
 Negotiations/draft terms Urgent hearing

Solicitor's name:

Legal Aid office/ firm name and address:

Results:

Where was the client referred to?

- Nowhere to refer client to
- Aboriginal Legal Service
- Court/Tribunal
- GP/health professional
- Police
- Another LANSW office
- Community Legal Centre
- Dispute resolution/mediation
- Law Society/Private Practitioner

This fully completed form must be retained for audit purposes and produced when required.