

## 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?

## 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. Details of your dependent children **i**

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 **i**

**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](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? 

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

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

Instructions including background (employment, health, family, housing and antecedents) and other relevant subjective matters

## 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	Another LANSW office
Aboriginal Legal Service	Community Legal Centre
Court/Tribunal	Dispute resolution/mediation
GP/health professional	Law Society/Private Practitioner
Police	