

## 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 detained in prison? No Yes

MIN: Location:

Are you detained in a mental health facility? No Yes

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. 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:

### OFFICE USE ONLY

Client ID:

Client Disclosure Statement provided:

No

Yes



## FOR THE SOLICITOR TO COMPLETE

### Advice and notes:

- Has patient been provided Statement of Rights?
- Has the designated carer/principal care provider been notified of inquiry?
- Does the patient oppose or not oppose any orders sought?

# FOR THE SOLICITOR TO COMPLETE

**Matter group:**

**Matter type:**

- |                                       |                           |
|---------------------------------------|---------------------------|
| Civil commitment                      | Community treatment order |
| Forensic Community Treatment Order    | ECT                       |
| Compulsory drug and alcohol treatment | Financial management      |
| Appeal against refusal to discharge   | Other mental health       |

**This listing:**

Date:

Listing:

- |                                       |             |
|---------------------------------------|-------------|
| Mental health inquiry                 | MHRT: other |
| Compulsory drug and alcohol treatment | Advice only |

Location:

Tribunal members:

Doctor:

Lawyer:

Also present:

**Orders** (E.g. Involuntary patient and length, CTO approved etc.):

Orders sought	Opposed		Duration
	No	Yes	
	No	Yes	
Results			Duration

**Adjournment:** No Yes

Length of adjournment:

**Designated carers/principal care provider:**

**Legal Aid office/ firm name and address:**

**Client referred to:**

**Notes:**