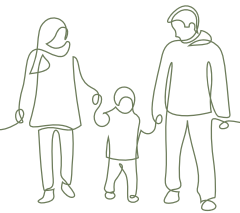


Legal Assistance for Families: Partnership Agreement (LAFPA)



Schedule 4 – Information to be provided by DCJ to Legal Aid NSW and ALS

1. Contact details of parties and child (if over the age of 12)

	Name	Phone
Party 1		
Party 2		
Child (if over the age of 12)		

2. Is any party in custody? Yes No

MIN:

Location:

3. Is any party in hospital? Yes No

Location:

4. Have the children been identified as being Aboriginal or Torres Strait Islander? Yes No

If yes, please indicate which parent identifies as Aboriginal or Torres Strait Islander:

Mother Father Both

5. Are there security risks with Court attendance? Yes No

Provide short summary:

6. Does a party require an interpreter? Yes No

Which language:

7. Does a party have a disability? Yes No

Provide short summary:

8. Has any party not been served? Yes No

Reasons: