

# Medical negligence in prison

Prisoner information kit



## Medical negligence in prison

This prisoner information kit has been developed by the Civil Law Prisoner Legal Service at Legal Aid NSW. It is part of a series of information kits which cover legal problems common to people in gaol.

To view or download more prisoner information kits visit [www.legalaid.nsw.gov.au](http://www.legalaid.nsw.gov.au) or scan the QR code below.



This publication is a general guide to the law. You should not rely on it as legal advice, and we recommend that you talk to a lawyer about your situation.

The information is correct at the time of printing, however it may change. For more information contact LawAccess NSW on 1300 888 529.

Order publications online at: [www.legalaid.nsw.gov.au/ways-to-get-help/publications-and-resources](http://www.legalaid.nsw.gov.au/ways-to-get-help/publications-and-resources)



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### Do you need help to contact us?



If you need an interpreter, call the Translating and Interpreting Service (TIS National) on **131 450** (9am–5pm) and ask for LawAccess NSW.

### Do you find it hard to hear or speak?



If you are deaf, or have a hearing or speech impairment, contact us through the National Relay Service (NRS). Ask for LawAccess NSW on **1300 888 529**.

# About this kit

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**Use this kit if you are in prison and were hurt or your injuries got worse because of the healthcare you received and want to take steps towards claiming compensation.**

In this kit is:

- information about medical negligence
- information about claiming compensation
- a sample section 26BA notice
- a [sample letter to the Law Society of NSW](#)
- a sample letter to a lawyer, and
- a Health Care Complaints Commission (HCCC) complaint form.

You must carefully read everything in this kit. Legal Aid NSW cannot help you make a medical negligence claim. You should see a private lawyer if you have any questions.

# Medical negligence in prison

## Factsheet for prisoners

### Can I get compensation for medical negligence in prison?

In a medical negligence claim, you must prove:

- the health provider had a duty of care to look after you properly
- it did not look after you properly, and
- you permanently lost at least 15% of your whole person ability because it did not look after you properly. This includes physical and mental harm.

Your claim for compensation may be limited because it happened to you in prison. To find out more, you can discuss this with a medical negligence lawyer.

#### Time limit

You must start your claim for compensation in court within **three years** from the date of the injury or from the date that you became aware of the injury.

If more than three years have passed, a lawyer will be able to tell you if it is possible to get an extension.

### What you need to do

#### Step 1: Make a complaint to Health Care Complaints Commission (HCCC)

The HCCC seeks to improve the quality of health services by investigating and prosecuting complaints about them in NSW.

You can make a complaint to the HCCC if you're unhappy about treatment you received. By making a complaint, you may get an indication about the degree of negligence you believe occurred.

You can call the HCCC by dialling #17 on the prison phone. Family members or friends can also make a complaint for you. The HCCC understands that there are time limitations on phone use in correctional settings, so calls from prison are answered first. The Inquiry Line Officer will listen to your complaint and advise you about your options to resolve it.

A phone call to the HCCC will not be treated as a complaint. Once you have received advice, you must lodge your complaint in writing.

You can make a complaint by writing a letter to:

HCCC  
Locked Mail Bag 18  
STRAWBERRY HILLS NSW 2012

You can also send a fax to (02) 9281 4585 or email [hccc@hccc.nsw.gov.au](mailto:hccc@hccc.nsw.gov.au).

You can also fill out the [HCCC complaint form \(PDF, 178 KB\)](#) and send it together with any supporting documents. You can use the **HCCC complaint form**.

## Step 2: Get medical records

Your lawyer will need copies of your medical records to advise you about your case and start the claim.

You can request a copy of your medical records yourself.

If you want access to your psychiatric records, you will need to go through a private lawyer.

Make sure the request:

- is made in writing
- has the date of the incident, and
- has your signature.

Most doctors and hospitals will want you to pay a fee in advance. If you need copies of your medical records from the prison health service, they will charge you a minimum of \$33.00 depending on the amount of documents. You must pay for this yourself.

To get copies of your own prison health records, you must complete an [Application for Access to Health Records form](#) which is available in prison and send it to the address on the form.

For more information, see the [Privacy information leaflet for patients](#) on the NSW Health website.

## Step 3: Give notice that you may make a claim

If you want to sue a prison health service, prison or both for an injury, you must tell them within **six months** from the date of the incident by a written notice. The notice is called a section 26BA notice. This applies to:

- Correctional Services NSW
- Justice Health, and
- Each private prison and their health services.

If you haven't yet given them the notice, do it now, even if six months have already passed.

The court may dismiss your claim unless you can show a good reason for the delay, and that you gave the notice in a reasonable time in the circumstances.

You can use the **Sample section 26BA notices**.

You must give the completed notice to staff of the prison or health service or mail it to them.

You can use **the Table of prison operators and their health services** to find out where to send each notice.

The six month time limit stops running if you are a vulnerable offender.

You are a vulnerable offender if you:

1. feel unsafe giving a section 26BA notice or answering questions about it, and
2. applied to be in protective custody or transferred to another prison.

You stop being a vulnerable offender if:

1. you are transferred to another prison or are placed in protective custody because of your request, or
2. you refused to be transferred or placed in protective custody, or
3. your request is unreasonable, or
4. you are in protective custody but have not asked for protection for the reasons mentioned above.

Once you stop being a vulnerable offender, the time limit starts running again.

#### Step 4: Keep a record

- You will need to keep a record of who you gave the notice to, and when you gave the notice to them. You can use the **Sample record**. Keep it safe in case you go to court.

#### Step 5: Get a lawyer

You will need a private lawyer to help you with your claim. Legal Aid NSW doesn't help with medical negligence.

The Law Society of NSW can send you a list of lawyers who may help you.

To contact the Law Society:

- call (02) 9926 0300 and leave your name, MIN, correctional centre, and tell them that you want a medical negligence lawyer, or
- write to them asking for solicitors that specialise in medical negligence.

You can use the **Sample letter to the Law Society of NSW**.

To write to one of the lawyers on the list given to you by the Law Society of NSW, you can use the **Sample letter to a lawyer**.

- You should ask the lawyer if they will come and see you, and if your first appointment is free. Some lawyers only charge fees if you win, but they will normally charge you for any reports or documents they get for your case. Be sure to ask about any costs which you may have to pay and when you will have to pay them.

For more help, see the Lack of medical care in prison kit. .

## Sample section 26BA notice

### NOTICE PURSUANT TO SECTION 26BA OF THE CIVIL LIABILITY ACT 2002

To: .....

(Name of prison or health service)

.....

.....

.....

(Address of prison or health service)

Date of incident: ..... / ..... / .....

Description of the incident (in plain language):

.....  
.....  
.....  
.....  
.....

The incident described in this notice may give rise to a claim against a protected defendant (Such as Corrective Services NSW or Justice Health NSW).

Signed:

.....  
Signature

Full name of inmate:

.....

MIN:

.....

Date:

..... / ..... / .....

An inmate must give a written notice of the incident that gives rise to their claim to the relevant Departments within 6 months of the date of the incident. It is sufficient to give notice to an officer or employee of the relevant Department.

## Table of prison operators and their health services

Prison	Prison operator	Prison health service
<b>Clarence CC</b>	SERCO Clarence CC: Locked Bag 3902 SOUTH GRAFTON NSW 2460	SERCO Clarence CC: Locked Bag 3902 SOUTH GRAFTON NSW 2460
<b>Junee CC</b>	GEO Group Australia Junee CC: PO Box 197 JUNEE NSW 2663	GEO Group Australia Junee CC: PO Box 197 JUNEE NSW 2663
<b>Parklea CC</b>	MTC Broad Spectrum Parklea CC: PO Box 6148 Delivery Centre BLACKTOWN NSW 2148	St Vincent's Health Parklea CC: PO Box 6148 Delivery Centre BLACKTOWN NSW 2148
<b>Other prisons in NSW</b>	Corrective Services NSW GPO Box 31 SYDNEY NSW 2001	Justice Health PO Box 150 MATRIVILLE NSW 2036

## Sample record

### RECORD

Use this form to record who you gave your s26 BA notice to. It is for you to keep for later.

Write your name here:

.....

What is the name of the officer you handed the s26BA notice to?

.....

Did they work for the prison or the health service?

.....

Which prison were you in when you gave them the notice?

.....

What time did you give them the notice:

.....

What date did you give them the notice:   ..... / ..... / .....

Do not give anyone this document. This is for you to keep and show to your lawyer in case anyone claims that the notice was not given.



# Sample Letters

## Sample letter to the Law Society of NSW

The Law Society of New South Wales  
Solicitor Referral Service  
170 Phillip Street  
Sydney NSW 2000

.....  
*Your name*

.....  
*MIN*

.....  
*Correctional centre*

.....  
*Postal address*

..... / ..... / .....  
*Date*

Dear Sir/Madam,

**RE: Request for a referral**

Please send me a referral list for private solicitors from your Solicitor Referral Service who do:

- Personal Injury Law – Medical/Dental Negligence – Plaintiff
- prison visits
- first appointment free
- no win, no fee cost agreement.

Thank you for your help.

Yours faithfully,

.....  
*Signature*

## Sample letter to a lawyer

.....  
Your name

.....  
Name of lawyer

.....  
MIN

.....  
Name of firm

.....  
Correctional centre

.....  
Address of firm

.....  
Postal address

..... / ..... / .....  
Date

Dear Sir/Madam,

### **RE: Request for help**

I got your details from the Law Society of NSW. I was injured because of the prison health care. What happened is:

.....  
.....  
.....

It happened at:.....

The injuries and medical treatment I received are:.....

.....  
.....  
.....

I think you should also know: .....

*Write anything else you think the lawyer should know*

.....  
.....

I would like you to come and see me. I would like your advice about getting compensation.

Please tell me about any costs I must pay, when I must pay them, if your first appointment is free and if I will be charged for any reports you get.

Thank you for your help.

Yours faithfully,

.....  
Signature

## The Health Care Complaints Commission

The Health Care Complaints Commission is an independent body dealing with complaints about health services provided in NSW. The Commission deals with complaints about health services affecting the clinical management or care of a patient, the professional conduct of a health practitioner, and risks to the health or safety of the public.

## Making a complaint

Any person can make a complaint. Complaints to the Commission must be in writing. It is important to include all relevant information and you may attach additional documents to this form.

You can complain about any health service provider in NSW. Examples include:

- registered practitioners, such as doctors, nurses and dentists
- other health practitioners, such as massage therapists, naturopaths and psychotherapists
- health service organisations, such as public and private hospitals or medical centres.

## Help with making your complaint

If you have difficulties writing your complaint, you can request help from the Commission's Inquiry Service on **(02) 9219 7444** or toll free on **1800 043 159**.

The Commission uses interpreting services to assist people whose first language is not English. If you need an interpreter please contact the Translating and Interpreting Service on **131 450** and ask to be connected to the Health Care Complaints Commission.

## The complaint process

When your complaint is lodged, you will receive an acknowledgment letter with further information on how the Commission will assess your complaint and the name of your case officer. Every complaint is assessed on a case-by-case basis and you will be informed of the outcome in writing.

## Section 1 Before Lodging a complaint

If you're not satisfied with a service provided within NSW by a health service provider, or you're concerned with the health, conduct or performance of a registered or unregistered health practitioner, then it is your right to make a complaint.

Before making a complaint, try talking with your health service provider—this is often the quickest and easiest way to address your concerns or fix a problem. For advice on talking with your provider, visit [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au)

If you have already made a complaint to the provider, please give them time to respond before making this complaint to the Health Care Complaints Commission. If they have responded and you are not satisfied please attach the response in the appropriate section in the form.

If you're not satisfied with the response, or feel uncomfortable talking with the provider directly, lodge a complaint with us using the form below.

Please provide as much information as you can, so that we can help you.

Need help to fill in the form? Call our Inquiry Service on **(02)9219 7444** or toll free on **1800 043 159**, 9am to 5pm, Monday to Friday.

Please note that the Commission does not have the power to direct a health service provider to:

- Pay damages or compensation
- Provide a refund or alter fees
- Provide health care treatment
- Alter a medico-legal document if you are unhappy with the content

**Please note: It is an offence for a person to provide false or misleading information to the Commission**

Is this complaint about a health care service provided within NSW? **Yes/ No**

Is this complaint about a health service you or another person received? **Self/ Another person** (*please skip section 3 if Self*)

Are you making this complaint on behalf of an organisation? **Yes / No** (*If yes, please specify*)

In order to assess your complaint the Commission needs to provide a copy of the complaint to the provider so that they can respond, unless there are exceptional circumstances.

Do you consent to the Commission sharing this information with the provider/s? **Yes/ No**

If No, please provide the reason you have not given consent.

Please note, if you do not provide your consent the Commission may not be able to proceed with the assessment of your complaint. If you wish to discuss this please call our Inquiry Service on (02) 92197444 or toll free on 1800 043 159

<b>Section 2 My details are</b> <i>(complainant)</i>	
Title Mr/Mrs/Miss/Ms/Other_____ (Please circle)	First Name
Last Name	Middle Name
Gender	Date of birth
Country of birth	
Unit/house number	Street Name
City/ Suburb/Town	State
My preferred contact method is	
Daytime Phone	Mobile Phone
Preferred time	
Email Address	
How did you hear about us?	
Do you identify as Aboriginal or Torres Strait Islander descent? <b>Yes / No</b> <i>(If yes, please specify)</i>	
If you need an interpreter, please specify your language	
Do you have a disability or other needs that the Commission should be aware of? <b>Yes / No</b> <i>(If yes, please specify)</i>	
Have you contacted the Commission before about this complaint or any other matter? <b>Yes / No</b>	
If yes, please provide the case number (if known)	
<b>Section 3 Patient Details</b> <i>(the person who received the service, if different from complainant)</i>	
What is the person's relationship to you? <i>(for example parent, friend, spouse)</i>	
Has this person asked you to make this complaint? <b>Yes / No</b> <i>(If yes, have them complete section 6)</i>	
Title Mr/Mrs/Miss/Ms/Other_____ (Please circle)	First Name
Last Name	Middle Name
Gender	Date of birth
Country of birth	
Unit/house number	Street Name
City/ Suburb/Town	State
Daytime Phone	Mobile Phone
Email Address	
Is the person a child (under 16)? <b>Yes / No</b>	
Does the person identify as Aboriginal or Torres Strait Islander descent? <b>Yes / No</b> <i>(If yes, please specify)</i>	
Is this person deceased <b>Yes / No</b> Date of death <i>(If yes, please go to section 4)</i>	
Does this person need an interpreter? <b>Yes / No</b> <i>(If yes, please specify)</i>	

<b>Section 4</b>	<b>I want to complain about</b> <i>(If more than two providers, please attach their details on a separate page)</i>	
Please complete this section about the person or organisation that has delivered the health service. Provide as much detail as you can to assist us in identifying the correct providers.		
<b>Health service provider 1:</b> <i>(include as much detail as possible)</i>		
Is health service provider an <b>Organisation</b> or <b>Individual</b> ?		
Name of the provider		
<b>If Individual:</b>		
Is this person a student? <b>Yes / No</b>		
AHPRA registration number (if known)		
Title Mr/Mrs/Miss/Ms/Other_____ (Please circle)	First Name	
Last Name	Middle Name	
Gender		
<b>If Organisation/ Individual:</b>		
Type of health service provider <i>(for example doctor, nurse, dentist, hospital)</i>		
Street Number	Street Name	
City/ Suburb/Town	State	
Business Phone	Mobile	
Email		
<b>How have you tried to resolve this complaint?</b>		
Have you tried to resolve this complaint with the health service provider? <b>Yes / No</b>		
If Yes, provide details of action you took and any outcome		
<b>Health service provider 2:</b> <i>(include as much detail as possible)</i>		
Is health service provider an <b>Organisation</b> or <b>Individual</b> ?		
Name of the provider		
<b>If Individual:</b>		
Is this person a student? <b>Yes / No</b>		
AHPRA registration number (if known)		
Title Mr/Mrs/Miss/Ms/Other_____ (Please circle)	First Name	
Last Name	Middle Name	
Gender		
<b>If Organisation/ Individual:</b>		
Type of health service provider <i>(for example doctor, nurse, dentist, hospital)</i>		
Street Number	Street Name	
City/ Suburb/Town	State	
Business Phone	Mobile	
Email		
<b>How have you tried to resolve this complaint?</b>		
Have you tried to resolve this complaint with the health service provider? <b>Yes / No</b>		
If Yes, provide details of action you took and any outcome		

**Section 5****My Complaint** *(please attach additional details on a separate page if the given space is not enough)*

What are the issues you are complaining about?

Please provide a summary of your complaint. It is useful to include what happened, when it happened, who was involved and any person who witnessed or has knowledge about what occurred. Please also attach any relevant documents you have. If you require guidance to complete this section, the Commission can provide advice by telephone on 9219 7444.

What would you like to happen as a result of your complaint?

I have approached another organisation about my complaint **Yes/ No** *(If yes, please specify)*

Attach supporting information (such as letters, reports, photos, invoices) you would like us to consider with your complaint

**Section 6****Consent to access healthcare information**

The Commission may need to access the patient's personal health information to assess your complaint.

**I am the person who received the service/treatment about which the complaint has been made. I authorise the Commission to access my personal health information for the purpose of handling this complaint.**

Signed \_\_\_\_\_

**I am the next-of-kin / parent/ guardian of the person who received the service/treatment about which the complaint has been made. I authorise the Commission to access this person's personal health information for the purpose of handling this complaint.**

Signed \_\_\_\_\_

**I hold a third party relationship to the person who received the service/treatment about which the complaint has been made.**

I acknowledge that if I do not provide a consent form signed by the person who received the treatment, then the Commission may not be able to provide me with any further information regarding the assessment or outcome of this complaint

Name \_\_\_\_\_

Signed \_\_\_\_\_

**I am not acquainted to the person who received the service/treatment about which the complaint has been made.**

I acknowledge that if I do not provide a consent form signed by the person who received the treatment, then the Commission may not be able to provide me with any further information regarding the assessment or outcome of this complaint

Signed \_\_\_\_\_

Please provide a signed copy of the consent form via email: [hccc@hccc.nsw.gov.au](mailto:hccc@hccc.nsw.gov.au) or postal address: Health Care Complaints Commission, PO BOX K549, HAYMARKET, NSW 1240 within 10 days of the submission of your complaint.



**If you are making this complaint on behalf of someone else, have *them* sign and complete the below.**

I understand that (complainant name) \_\_\_\_\_ is making a complaint about the service/treatment provided to me and I authorise the Commission to access my personal health information for the purpose of handling this complaint.

and / or

I authorise the Commission to speak to the complainant about the service / treatment I received.

Name \_\_\_\_\_ Signed \_\_\_\_\_

**Before you send this form, please check that you have:**

- included as much relevant information as possible
- given details of the health service provider you are complaining about
- clearly identified your concerns
- answered sections 1: Before Lodging a complaint and 6: Consent to access healthcare information
- attached copies of supporting documents or information. Please do not send original documents.

**Please send the complaint and supporting information to**

The Commissioner  
Health Care Complaints Commission  
PO Box K549  
HAYMARKET NSW 1240

Or send a fax to **(02) 9281 4585** or email to [hccc@hccc.nsw.gov.au](mailto:hccc@hccc.nsw.gov.au)

**Privacy statement** The Commission will not disclose any information provided by you other than in carrying out its functions under the *Health Care Complaints Act*. Please refer to the privacy statement on our website.

# APPLICATION FOR PRO BONO ASSISTANCE



THE LAW SOCIETY  
OF NEW SOUTH WALES  
PRO BONO SCHEME

## 1. PERSONAL DETAILS

Title:  Mr.  Mrs.  Ms.  Miss  Other:

First name:  Family name:

Address:

Suburb:  Postcode:

Email address:  Date of birth:  /  /

Telephone (home):  Telephone (work):  Mobile:

Marital status:  Single  Married  De facto  Other (eg. separated):

Number of dependents:

Are there any circumstances facing you which make it more difficult for you to deal with this legal matter?  
(For example, you require a translator; have a disability; cultural or religious reasons)

Yes (provide details below)  No ► **proceed to section 2**

**⚠ Note:** You do not need to disclose these, but it will make it easier for us to assist you if we understand any difficulties you are facing.

**📎** Attach additional page if necessary.

## 2. DETAILS OF MATTER

Please indicate the type of legal problem(s) from those listed below:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Administrative Law             | <input type="checkbox"/> Criminal Law   | <input type="checkbox"/> Family Law – Children        | <input type="checkbox"/> Wills & Estates |
| <input type="checkbox"/> AVO                            | <input type="checkbox"/> Debt & Credit  | <input type="checkbox"/> Immigration Law              | <input type="checkbox"/> Other:          |
| <input type="checkbox"/> Child Care & Protection (FaCS) | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Not for profit organisations | <input type="text"/>                     |
| <input type="checkbox"/> Coronial Matters               | <input type="checkbox"/> Employment Law | <input type="checkbox"/> Tenancy                      |  |

How did you find out about The Law Society Pro Bono Scheme?

Has a solicitor previously assisted you with this matter?

Yes (provide details below)  No ► **proceed to section 3**

Why are they no longer assisting you?

### 3. DETAILS OF OTHER PARTY

Name of the other party:

Name of other party's solicitor:

### 4. COURT PROCEEDINGS

Are there any current court proceedings in relation to your matter?

Yes  No ► **proceed to section 5**

 \*If there are current court proceedings, please supply copies of the latest court/tribunal orders or directions which indicate the nature and date of the next hearing date and type.

Next court or tribunal date:

Court or tribunal name:

Type of proceeding (e.g. Mention/Directions/Hearing):

### 5. DETAILED STATEMENT REGARDING YOUR MATTER

Please include the following:

1. The **history** of the matter;
2. The **current situation**;
3. The **type of assistance or outcome sought**;

 **Note:** If you prefer, write 'PLEASE SEE ATTACHED' in the space above and attach a separate statement.

 Please also provide the following:

Court or other relevant documents

Copy of payslips or Centrelink benefits received in the last three months

Reasons for Legal Aid refusing assistance

Bank statements covering the last three months

## 6. LEGAL AID

Have you contacted Legal Aid for assistance?

Yes  No

Have you been refused Legal Aid for this matter?

Yes  No ▶ **proceed to section 7**

If yes, why is this?

Lack of merit  Matter type not within Legal Aid's Guidelines  Your financial situation

Have you appealed this decision?

Yes  No ▶ **proceed to section 7**

What was the outcome?

Granted  Refused

 **Attach a copy of Legal Aid's refusal letter.**

## 7. ASSISTANCE FROM OTHER LEGAL SERVICES

Have you sought assistance from a community legal service or organisation?

Yes (provide name below)  No ▶ **proceed to section 8**

What assistance did they provide you with?

Why are they unable to assist you further?

Lack of merit  Lack of resources  Your financial situation  Other (provide details below):

 **Attach additional page if necessary.**

## 8. AUTHORISED PERSON

Would you like to authorise another person to contact the Scheme on your behalf?

Yes (provide details below)  No ▶ **proceed to section 9**

First name:

Family name:

Email address:

Telephone:

 **Note:** This means we will contact your authorised person if we cannot contact you directly.

## 9. YOUR FINANCIAL CIRCUMSTANCES

Are you currently employed?

Yes  No

Job title/role:

If yes, what capacity are you working?

Casual / Full-Time  Permanent / Full-Time  Seasonal  
 Casual / Part-Time  Permanent / Part-Time  Other (please provide details below)

If not, when did you last work in paid employment?

Are you receiving any government or welfare benefits?

Yes (provide details below)  No

What was your taxable income in the last 12 months?

What is your current weekly income after tax?

## 10. YOUR FINANCIALLY ASSOCIATED PERSON (IF APPLICABLE)

**⚠ Note:** A financially associated person is someone who usually provides you with financial support or could reasonably be expected to assist you financially eg. spouse, a relative.

Are they currently employed?

Yes  No

Job title/role:

If yes, what capacity are they working?

Casual / Full-Time  Permanent / Full-Time  Seasonal  
 Casual / Part-Time  Permanent / Part-Time  Other (please provide details below)

If not, when did they last work in paid employment?

Are they receiving any government or welfare benefits?

Yes (provide details below)  No

What was their taxable income in the last 12 months?

What is their current weekly income after tax?

## 11. YOUR ASSETS & LIABILITIES

Please ensure all items are filled in (if you don't own an asset e.g. a house put "nil").

Asset/Liability	Total value	Your share (%)	Money owing	Monthly payments	Date payments will cease
House	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Property	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Rent	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Bank/Building Society	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Stocks & Shares	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Car	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Assets	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Utilities (gas, electricity, etc.)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Liabilities (school fees, sporting fees, health insurance, etc.)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

## 12. YOUR FINANCIALLY ASSOCIATED PERSONS ASSETS & LIABILITIES (IF APPLICABLE)

Please ensure all items are filled in (if they don't own an asset e.g. a house put "nil").

Asset/Liability	Total value	Your share (%)	Money owing	Monthly payments	Date payments will cease
House	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Property	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Rent	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Bank/Building Society	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Stocks & Shares	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Car	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Assets	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Utilities (gas, electricity, etc.)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Liabilities (school fees, sporting fees, health insurance, etc.)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

### 13. PERMISSION TO OBTAIN INFORMATION

I/We hereby **AUTHORISE** and **REQUEST** any lawyer who has acted for me/us, the Legal Aid Commission and any Court or Tribunal to provide The Law Society of New South Wales Pro Bono Scheme any information and documents it may request in order to assist The Law Society of New South Wales Pro Bono Scheme to assess this Application.

Signed:

Date:   /   /

### 14. ACKNOWLEDGMENT

I **ACKNOWLEDGE** that:

1. Applications will not be processed until the Law Society of New South Wales Pro Bono Scheme has received all requested documentation. This includes:
  - Legal Aid refusal letter;
  - Bank statements from the last three months for yourself and any financially associated persons;
  - Payslips received in the last three months for yourself and any financially associated persons;
  - Centrelink statements outlining benefits received in the last three months for yourself and any financially associated persons;
  - Details outlining assets and liabilities for yourself and any financially associated persons;
  - Any relevant court documents relating to the matter; and
  - Any other supporting documents.
2. Updates will not be provided during the Application process;
3. I/We agree to adhere to a code of conduct that includes dealing with staff in a courteous and respectful manner. I/We will not swear; be racist; make sexist, rude or offensive comments; yell; threaten to harm myself or others; or contact the Scheme when I/we have been drinking or taking drugs. We reserve the right to cease communication with you if you fail to comply, and your Application will be returned.
4. I/We remain responsible for meeting all Court commitments or commencing all legal action within the statutory time limits;
5. The Law Society of New South Wales Pro Bono Scheme takes a minimum of ten working days to process my/our Application after all documentation has been received;
6. It may not be possible to find a solicitor willing to do the work on the basis requested, or in the location or legal area concerned;
7. I/We may not be eligible for assistance under the Law Society of New South Wales Pro Bono Scheme guidelines or at the discretion of the Pro Bono Scheme Solicitor;
8. The Law Society of New South Wales Pro Bono Scheme is not required to provide reasons for their decision as to whether or not they accept my/our Application for referral;
9. I/We have no right of action against the Law Society of New South Wales or its employees in any event arising from this application or any assistance obtained from a firm referred by the Scheme;

Signed:

Date:   /   /

### 15. LODGEMENT OF APPLICATION FORM

Submit form by email and attach all supporting documentation:

[a2j@lawsociety.com.au](mailto:a2j@lawsociety.com.au)

OR send the completed and signed application form and all documentation to:

The Law Society of New South Wales  
The Pro Bono Scheme  
170 Phillip Street, Sydney NSW 2000

