

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. 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?

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

Only answer section 8 if you are 18 years old and over and need to go to court for an adult matter. If not skip to section 9.

8. Your financial details

Please complete if you agree to Legal Aid NSW checking the details of your Centrelink benefit or pension

Centrelink consent

This consent will be used for the sole purpose of authorising the Department of Human Services (Centrelink) to provide information to Legal Aid NSW to assess your eligibility in relation to services provided by Legal Aid NSW.

I authorise Centrelink to electronically provide a statement of information to Legal Aid NSW to assist in the assessment of my entitlement to services from Legal Aid NSW.

- I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address.
- I understand that this authority, once signed, is effective only for the period I am a client of Legal Aid NSW.
- I understand that this authority, which is ongoing, can be revoked at any time by giving notice to Legal Aid NSW.
- I understand that I will be able to obtain a written copy of the statements at any time from either Legal Aid NSW or Centrelink.

For more details about the Centrelink Confirmation eServices, visit Centrelink's website at www.servicesaustralia.gov.au

Your Centrelink Reference Number (CRN)

Your signature

Date:

OFFICE USE ONLY

Client ID: Client Disclosure Statement provided: No Yes Date: Location:

a) Do you have any dependent children?

No Yes, how many?

b) Do you pay child support or maintenance?

No Yes, for how many children?

c) Are you sharing a household with an adult you are in a relationship with?

No Yes, please specify:

Wife Husband De facto Partner

Are they on a Centrelink benefit?

No Yes

d) Are you between 18 and 23 years old, studying full time and living at home or in student accommodation?

No Yes

If you answered yes to (c) or (d) you have a Financially Associated Person (FAP) and must provide their financial information below.

Income – What is your fortnightly income before tax?

	You	Your FAP
Pension/benefit	\$ <input type="text"/>	\$ <input type="text"/>
Wages/salary	\$ <input type="text"/>	\$ <input type="text"/>
Business/self-employed	\$ <input type="text"/>	\$ <input type="text"/>
Child support	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>

Expenses – How much do you pay per fortnight?

	You	Your FAP
Rent/board	\$ <input type="text"/>	\$ <input type="text"/>
Mortgage	\$ <input type="text"/>	\$ <input type="text"/>
Rates	\$ <input type="text"/>	\$ <input type="text"/>
Child care	\$ <input type="text"/>	\$ <input type="text"/>
Child Support	\$ <input type="text"/>	\$ <input type="text"/>

Assets – What is the value of your:

	You	Your FAP
Home	\$ <input type="text"/>	\$ <input type="text"/>
Less mortgage	\$ <input type="text"/>	\$ <input type="text"/>
Car	\$ <input type="text"/>	\$ <input type="text"/>
Less car loan	\$ <input type="text"/>	\$ <input type="text"/>
Other real estate	\$ <input type="text"/>	\$ <input type="text"/>
Less mortgage	\$ <input type="text"/>	\$ <input type="text"/>
Farm/business	\$ <input type="text"/>	\$ <input type="text"/>
Less mortgage	\$ <input type="text"/>	\$ <input type="text"/>
Cash/bank	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>

9. 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:

FOR THE SOLICITOR TO COMPLETE

Has the client seen Legal Aid NSW about this

problem before? No Yes Not sure

Service provided:

- Advice at office/outreach Minor assistance at office/outreach
 Duty (any service provided at court)

Matter group:

- | | |
|---|--|
| <input type="checkbox"/> Assault / Intentional Injury | <input type="checkbox"/> Police Offences |
| <input type="checkbox"/> AVOs / Harassment | <input type="checkbox"/> Prisoners Matters |
| <input type="checkbox"/> Control Orders | <input type="checkbox"/> Property / environment damage |
| <input type="checkbox"/> Driving/Traffic | <input type="checkbox"/> Public Order offences |
| <input type="checkbox"/> Drug Offences | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Firearms/ Weapons / Explosives | <input type="checkbox"/> Sexual Offences |
| <input type="checkbox"/> Fraud / Dishonesty | <input type="checkbox"/> Theft / Break and Entry |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Justice Offences / Procedures | |

Charges

H number

Plea

Charges	H number	Plea
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of any co-accused:

This listing:

Date:

Court: Local CC Drug District Supreme

Location:

Bench:

DPP/Prosecutor:

Solicitor (or defendant if self-represented):

Results:

Next listing:

Date: Court:

Listing type:

Duty determination:

- Advice only Allowed
 Refused, means Refused, guidelines

Solicitor's name:

Legal Aid office/ firm name and address:

Where was the client referred to?

- No referral necessary DVU
 Doctor/health professional MERIT
 Another Legal Aid office / unit