

## 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

## 8. Details of your dependent children

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

**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.*



