## Civil law advice and duty form



1. Your personal details	5. Do you have a disability or mental health
Title: Mr Ms Mrs Miss Other	condition?
First names:	No Yes Not stated
Surname:	If you choose to tell us this, we will ask what supports you need to make our service work for you.
Alias or other name:	·
Date of birth: DD/MM/YYYY Age:  Gender: Male Female Not identified	6. Are you experiencing or at risk of domestic and family violence?
2. Your contact details	For example, has your partner, ex-partner or family member hit, slapped or threatened you? Or are you frightened of or controlled by them?
Mobile:	No Yes
Other phone:	INO TES
Email:	7. Your source of income
Address:	Are you employed?
	No Full time Part time Casual
	Do you receive a Centrelink benefit?
Postcode:	No Yes, type:
We prefer to contact you by phone, text (SMS) or email.  Please let us know if we can communicate with you by:	Are you on the maximum rate? No Yes
Phone calls: No Yes SMS: No Yes	8. Who is your legal problem with?
Email: No Yes	Name of Organisation:
Are you homeless or in temporary accommodation?	Name of person:
No Yes	Relationship to you:
Are you in custody/detention? No Yes	Date of birth: DD/MM/YYYY
MIN: Location:	0 What is your land making about 2
2 Variabashanaria	9. What is your legal problem about?
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?	10. Declaration and Privacy
Do you speak a language other than English at home?	I understand it is an offence to give false or misleading
No Yes, which language?	information.  I declare that to the best of my knowledge the information I have given is true and correct.
4. Do you need an interpreter?	I understand that Legal Aid NSW collects my personal
No Yes, which language?	information to provide me with a legal service, ensure accountability for the assistance it provides and to plan and report on their services.
OFFICE USE ONLY	I understand this information is used and stored in
Client ID:	accordance with NSW Privacy legislation and I can access further information about the Legal Aid NSW Privacy
Advice #:	Policy at <u>www.legalaid.nsw.gov.au</u> or call 9219 5000.
	Signature:
Client Disclosure Statement provided: No Yes	
Date: DD/MM/YYYY Location:	
Solicitor:	Date: DD/MM/YYYY

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## 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?):
<ul> <li>Consider asking the client: (tick if yes)</li> <li>Have you ever stopped work or reduced your hours due to illness or injury? Referred to SIRP?</li> <li>Do you have any fines? Referred to WDO?</li> </ul>	Have you ever served in the armed forces?  Referred to Veterans Advocacy Service?      Are you a refugee or asylum seeker?
Advice provided on statutory time limits (include relev	ant dates):  bblem/s, the advice you have given about his/her options,
any referrals you have made, and what (if any) further ac	

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## FOR THE SOLICITOR TO COMPLETE

Record the client's instructions about his or her legal problem/s, the advice you have given about his/her options, iny referrals you have made, and what (if any) further action you or the client will take				

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FOR THE SOLICITOR TO COMPLETE		
Has the client seen Legal Aid NSW about this	Where was the client ref	erred to?
problem before? No Yes Not sure	No referral necessary	Another Legal Aid office/unit
Service provided: Advice Advice and minor assistance	Community organisation	Aboriginal Legal Service
Duty advice Duty advice and minor assistance	Community Legal Centre	Internet/Law Assist
Face to face Video Telephone Email Letter	LawAccess NSW	Government department/agency
Matter group:	Court/Tribunal	Law Society/Private practitioner
Matter type:	Police	Women's Domestic Violence Court Advocacy
(please only use the approved list)	IDR/EDR	Publication
Court type/listing:	Library/LIAC	Union
Location:	Pro bono	Finance counsellor
(please only use the approved list)	Instructions for LSO:	
Next listing for duty:		
Date: DD/MM/YYYY Court:		
Listing type:		