

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?

OFFICE USE ONLY

Client ID:

Advice #:

Client Disclosure Statement provided: No Yes

Date: Location:

Solicitor:

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. Who is your legal problem with?

Name of Organisation:

Name of person:

Relationship to you:

Date of birth:

9. What is your legal problem about?

10. 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

Has the client seen Legal Aid NSW about this problem before? No Yes Not sure

Service provided: Advice Advice and minor assistance

Duty advice Duty advice and minor assistance

Face to face Video Telephone Email Letter

Matter group:

Matter type:
(please only use the approved list)

Court type/listing:

Location:
(please only use the approved list)

Next listing for duty:

Date: Court:

Listing type:

Where was the client referred to?

- | | |
|---|---|
| <input type="checkbox"/> No referral necessary | <input type="checkbox"/> Another Legal Aid office/unit |
| <input type="checkbox"/> Community organisation | <input type="checkbox"/> Aboriginal Legal Service |
| <input type="checkbox"/> Community Legal Centre | <input type="checkbox"/> Internet/Law Assist |
| <input type="checkbox"/> LawAccess NSW | <input type="checkbox"/> Government department/agency |
| <input type="checkbox"/> Court/Tribunal | <input type="checkbox"/> Law Society/Private practitioner |
| <input type="checkbox"/> Police | <input type="checkbox"/> Women's Domestic Violence Court Advocacy |
| <input type="checkbox"/> IDR/EDR | <input type="checkbox"/> Publication |
| <input type="checkbox"/> Library/LIAC | <input type="checkbox"/> Union |
| <input type="checkbox"/> Pro bono | <input type="checkbox"/> Finance counsellor |

Instructions for LSO: