

## 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:

Tick this box if it is **not safe** for us to send you text messages:

Other phone:

Email:

Address:

Postcode:

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. 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](http://www.legalaid.nsw.gov.au) or call 9219 5000.

Signature:

Date:

### OFFICE USE ONLY

Client ID:

Advice #:

Client Disclosure Statement provided:  No  Yes

Date:  Location:

Solicitor:

## 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?):

### Consider asking the client: (tick if yes)

- Have you ever stopped work or reduced your hours due to illness or injury?  Referred to SIRP?
- Do you have any fines?  Referred to WDO?

- 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 relevant dates):

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### Record the client's instructions about his or her legal problem/s, the advice you have given about his/her options, any 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 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:**