

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 **unsafe** for us to send you text messages:

Other phone:

Email:

Address:

Postcode:

Are you homeless or in temporary accommodation?

No Yes

Are you detained in prison? No Yes

MIN: Location:

Are you detained in a mental health facility? No Yes

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. 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:

OFFICE USE ONLY

Client ID:

Client Disclosure Statement provided:

No Yes

FOR THE SOLICITOR TO COMPLETE

Admitting document

Type of document:
(Schedule 1, s22 Police Report etc)

Length of examination:

Name:

Date:

Form 1s27(a)

Date:

Psychiatrist: No Yes

Doctor's name:

Time of examination: AM PM

Form 1s27(b)

Date:

Psychiatrist: No Yes

Doctor's name:

Time of examination: AM PM

FOR THE SOLICITOR TO COMPLETE

Advice and notes:

- Has patient been provided Statement of Rights?
- Has the designated carer/principal care provider been notified of inquiry?
- Does the patient oppose or not oppose any orders sought?

FOR THE SOLICITOR TO COMPLETE

Matter group:

Matter type:

- | | |
|---------------------------------------|---------------------------|
| Civil commitment | Community treatment order |
| Forensic Community Treatment Order | ECT |
| Compulsory drug and alcohol treatment | Financial management |
| Appeal against refusal to discharge | Other mental health |

This listing:

Date:

Listing:

- | | |
|---------------------------------------|-------------|
| Mental health inquiry | MHRT: other |
| Compulsory drug and alcohol treatment | Advice only |

Location:

Tribunal members:

Doctor:

Lawyer:

Also present:

Orders (E.g. Involuntary patient and length, CTO approved etc.):

Orders sought	Opposed		Duration
	No	Yes	
	No	Yes	

Results	Duration
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Adjournment: No Yes

Length of adjournment:

Designated carers/principal care provider:

Legal Aid office/ firm name and address:

Client referred to:

Notes: