

## COMPLETE ALL QUESTIONS

**Court location**

**Date**  /  /   
Day Month Year

**1. Name**  Mr  Ms  Mrs  Other  (specify)  
 First names   
 Family name   
 Alias or other name

**2. Age and gender** Date of birth:  /  /   
Day Month Year  
 Age   M  F

**3. Address**  
  
  
 Email

**Are you homeless or in temporary accommodation?**  
 Yes  No

**4. Custody**  Yes  No  
 Location  MIN

**5. Phone** Home  Work   
 Mobile  Other

**6. Background**  
 Country of birth if not Australia   
 Year arrived in Australia

**Are you Aboriginal and/or Torres Strait Islander?**  
 No  Yes, Aboriginal  
 Yes, Torres Strait Islander  Yes, Both

**Do you speak a language other than English at home?**  
 Yes  No  
 Which language?

**7. Do you need an interpreter?**  Yes  No

**Office use only**  
 CASES matter number:

## 8. Do you have a disability?

Yes  No

### If yes what is your disability:

Acquired brain injury  Mental health condition  
 Autism spectrum  Physical impairment  
 Chronic health condition  Vision impairment  
 Cognitive/intellectual  Other (please specify)   
 Hearing/speech impairment

### What disability support do you need from us?

Auslan interpreter  Large print documents  
 Hearing loop  Other (please specify)   
 Wheelchair access

### Are you an NDIS (National Disability Insurance Scheme) participant?

Yes  No

## 9. Are you experiencing or at risk of family violence (including from a former relationship)?

Yes  No

## 10. Are you employed?

Yes  No Occupation   
 Full time  Part time  Casual

## 11. Centrelink

### Do you receive a Centrelink benefit?

Yes  No

Type

Do you receive the maximum rate?  Yes  No

Centrelink Reference No.

**Card sighted: (office use only)**  Yes  No

Do you agree to Legal Aid NSW checking your benefit with Centrelink (see page 2)?  Yes  No

## 12. Living arrangements

Are you:

Married  Single  Divorced  
 De facto  Separated  Widowed

### 13. Dependants

Do you have dependants living with you?  Yes  No

Is your partner dependent on you?  Yes  No

How many dependent children?

Dependant/s name	Date of birth
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

### 14. Do you pay child support? Yes No

For how many children?

### 15. Income

What is your total **weekly** income before tax?

	You	Spouse/partner
Pension/benefit	\$ <input type="text"/>	\$ <input type="text"/>
Wages/salary	\$ <input type="text"/>	\$ <input type="text"/>
Business/self employed	\$ <input type="text"/>	\$ <input type="text"/>
Child support	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>

### 16. Housing and expenses

Board  Rent  Mortgage  None  Rates

How much do you pay per week? \$

#### Other expenses

	You	Spouse/partner
Tax	\$ <input type="text"/>	\$ <input type="text"/>
Child care	\$ <input type="text"/>	\$ <input type="text"/>
Child support	\$ <input type="text"/>	\$ <input type="text"/>

### 17. Assets

	You	Spouse/partner
Value of house/land	\$ <input type="text"/>	\$ <input type="text"/>
Less mortgage	\$ <input type="text"/>	\$ <input type="text"/>
Car	\$ <input type="text"/>	\$ <input type="text"/>
Cash, bank etc	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>

### 18. How did you find out about Legal Aid?

### Centrelink Consent

This consent will be used for the sole purpose of authorising Centrelink to provide information to Legal Aid NSW to assess your eligibility in relation to services provided by Legal Aid NSW.

### Income Confirmation

Name   
I , authorise Centrelink to electronically provide a statement of information to Legal Aid NSW to assist in the assessment of my entitlement to services from Legal Aid NSW.

- I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address.
- I understand that this authority, once signed, is effective only for the period I am a client of Legal Aid NSW.
- I understand that this authority, which is ongoing, can be revoked at any time by giving notice to Legal Aid NSW.
- I understand that I will be able to obtain a written copy of the statements at any time from either Legal Aid NSW or Centrelink.

Signature 

Date  /  /   
Day Month Year

A brochure is available from Centrelink that provides more details about the Centrelink Confirmation eServices or visit Centrelink's website at [www.centrelink.gov.au](http://www.centrelink.gov.au)

### Declaration

I understand that it is an offence to give false information.

I declare that to the best of my knowledge the information I have given is true and correct.

Signature 

Date  /  /   
Day Month Year

REFER TO FRONT PAGE FOR PRIVACY INFORMATION

### Privacy

Legal Aid NSW collects personal information from you to:

- provide you with a legal service
- ensure accountability for the assistance we have provided
- plan and report on our services.

The information is stored by us in accordance with NSW privacy legislation. You have a right to apply to access and correct the information we hold about you. For more information on our privacy obligations contact Legal Aid NSW PO Box K847, Haymarket NSW 1240, phone (02) 9219 5000.



# Solicitor to complete all information

## Matter group: (Tick one or more)

- |   |  |
|---|--|
| <input type="checkbox"/> Assault/intentional injury | <input type="checkbox"/> Misc. Comm                    |
| <input type="checkbox"/> AVOs/harassment            | <input type="checkbox"/> Misc. State                   |
| <input type="checkbox"/> Betting etc                | <input type="checkbox"/> Other offences against person |
| <input type="checkbox"/> Driving/traffic            | <input type="checkbox"/> Prisoners                     |
| <input type="checkbox"/> Drugs                      | <input type="checkbox"/> Property etc                  |
| <input type="checkbox"/> Firearms                   | <input type="checkbox"/> Public order                  |
| <input type="checkbox"/> Fraud etc                  | <input type="checkbox"/> Robbery                       |
| <input type="checkbox"/> Homicide                   | <input type="checkbox"/> Sexual offences               |
| <input type="checkbox"/> Justice Offences           | <input type="checkbox"/> Theft, B&E                    |

## Charges/matter types

## H number

## Plea

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Name of any co-accused

  

## Court type

- Local  CC  Drug  District  Supreme

## Location

## Bench

## DPP/Prosecutor

## Solicitor/defendant (if self-represented)

## Listing

Date

 /  /   
Day Month Year

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Appeal    | <input type="checkbox"/> Reply to brief    | <input type="checkbox"/> Segregation      |
| <input type="checkbox"/> Bail      | <input type="checkbox"/> Sentence          | <input type="checkbox"/> Visiting Justice |
| <input type="checkbox"/> Committal | <input type="checkbox"/> S32/33            | <input type="checkbox"/> Other procedures |
| <input type="checkbox"/> Hearing   | <input type="checkbox"/> S4                | <input type="text"/>                      |
| <input type="checkbox"/> Mention   | <input type="checkbox"/> Parole revocation |   |

## Results

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## Next listing

Date  Court   
Listing type

## Service provided (tick applicable boxes)

- Advice at office/outreach  
 Minor assistance at office/outreach  
 Duty (any service provided at court)

## Duty determination

- No application – advice only  Refused, means  
 Allowed  Refused, guidelines

## Solicitor's name

## Legal Aid office/firm name and address

  
  
 Postcode

## Signed by solicitor

## Client referred to

- No referral necessary  
 DV Unit  
 GP/health professional  
 MERIT  
 Other

## AUDIT

This fully completed form must be retained for  
Legal Aid NSW audit purposes