

COMPLETE ALL QUESTIONS

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

Are you homeless or in temporary accommodation?

Yes No

Email

4. Phone Home Work

Mobile Other

5. 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?

6. Do you need an interpreter? Yes No

7. 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

8. Are you experiencing or at risk of family violence (including from a former relationship)? Yes No

9. Are you employed?

Yes No Occupation
 Full time Part time Casual

10. Centrelink

Do you receive a Centrelink benefit? Yes No

Type

Do you receive the maximum rate? Yes No

Card sighted and number

11. Details of person with whom you are in dispute

Mr Ms Mrs Date of birth: / /
Day Month Year

First names

Family name

Address

Details of any other interested parties

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.

Office use only

CASES matter number:

Date of next appearance:

/ /
Day Month Year

12. Living arrangements

Single Married De facto Divorced
 Separated Widowed Other

13. Dependants

Is your partner dependent on you? Yes No

How many dependent children?

Do you have dependent children living with you? Yes No

14. Children (Subject of court proceedings)

Name	Date of birth	Dependent on you?
<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input type="checkbox"/>
<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input type="checkbox"/>
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<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input type="checkbox"/>

15. Income

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

	You	Spouse/partner
Pension/benefit	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
Wages/salary	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
Business/self employed	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
Child support	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
Other	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>

16. Housing and expenses

Board Rent Mortgage None Rates
 How much do you pay per week? \$

17. Housing and expenses (cont'd)

Other expenses

	You	Spouse/partner
Tax	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
Child care	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
Child support	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>

18. Assets

	You	Spouse/partner
Value of house/land	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
Less mortgage	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
Car	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
Cash, bank etc	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>

19. Are there allegations of family violence in this matter? Yes No

20. Have you applied for legal aid in this matter? Yes No

If yes was legal aid refused? Yes No

Have you had previous assistance from a duty lawyer? Yes No

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

Facts/Instructions

Instructions and legal advice

Solicitor to complete all information

Matter group and type:

Children _____

- | | |
|--|--|
| <input type="checkbox"/> Enforcement & other | <input type="checkbox"/> Live with |
| <input type="checkbox"/> Hague convention | <input type="checkbox"/> Location/recovery |
| <input type="checkbox"/> ICL | <input type="checkbox"/> Spend time with |

Child support _____

- | | |
|--|---|
| <input type="checkbox"/> Appeal from SSAT | <input type="checkbox"/> CSA change of assessment |
| <input type="checkbox"/> Appeal to SSAT | <input type="checkbox"/> Enforcement stay & other |
| <input type="checkbox"/> Child support agreement | <input type="checkbox"/> S 106A declaration |
| <input type="checkbox"/> Child support application | <input type="checkbox"/> S 107 declaration |
| <input type="checkbox"/> Child departure from assessment | |

Family law other _____

- | | |
|---|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Family, other, State |
| <input type="checkbox"/> De facto relationships | <input type="checkbox"/> Medical procedure |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Nullity |
| <input type="checkbox"/> Family, other, Comm | |

Property and maintenance _____

- | | |
|---|---|
| <input type="checkbox"/> De facto maintenance | <input type="checkbox"/> Spouse maintenance |
| <input type="checkbox"/> Over 18 maintenance | <input type="checkbox"/> Overseas maintenance |
| <input type="checkbox"/> Enforce, vary & or (Cth) | <input type="checkbox"/> Prop settlement married |
| <input type="checkbox"/> Enforce, vary & or (St) | <input type="checkbox"/> Prop settlement de facto |

Additional questions

- Referred by:**
- | | |
|---|---|
| <input type="checkbox"/> CLC | <input type="checkbox"/> Court, general staff |
| <input type="checkbox"/> Child Support Agency | <input type="checkbox"/> Private lawyer |
| <input type="checkbox"/> Judicial Officer | <input type="checkbox"/> Other <input type="text"/> |

- Before which court?**
- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Judge | <input type="checkbox"/> FCA |
| <input type="checkbox"/> Not in list | <input type="checkbox"/> Judge FCC |

- Referred to:**
- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Private lawyer | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Other <input type="text"/> |
|---|------------------------------------|---|

Listing/assistance / /

Day Month Year

- | | |
|---|---|
| <input type="checkbox"/> Adjournment/Mention | <input type="checkbox"/> Advice only |
| <input type="checkbox"/> Negotiations/Draft terms | <input type="checkbox"/> Information only |
| <input type="checkbox"/> Urgent hearing | <input type="checkbox"/> Conflict, info or referral |

Court type

Location

Bench

Other party/solicitor

Short result

- | | |
|--|--|
| <input type="checkbox"/> Adjourned | <input type="checkbox"/> Interim agreement |
| <input type="checkbox"/> Final agreement | <input type="checkbox"/> Finalised |

Results

Duty appearance decision

- Allowed Refused, means Refused, guidelines

Solicitor's name

Legal Aid NSW office/firm name and address

Postcode

AUDIT

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