

## COMPLETE ALL QUESTIONS

**1. Name**  Mr  Ms  Mrs  Other  (specify)

First names

Family name

Alias or other name

## 2. Address

Are you homeless or in temporary accommodation?

Yes  No

## 3. Age and gender

Date of birth  /  /   M  F

**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

### Office use only

CASES matter number:

Date of next appearance:

 /  /   
Day Month Year

### What 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

## 10. Centrelink

Do you receive a Centrelink benefit?

Yes  No Type

Do you receive the maximum rate?  Yes  No

## 11. Authority

Please act for me when the Magistrate or MHRT hears my case. You may read my file and obtain information concerning me including copies of any documents.

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

Signature

Date

 /  /   
Day Month Year

### 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.

COMPLETE QUESTIONS FOR MEANS TESTED MATTERS ONLY

12. Dependants

Do you have dependants living with you? Yes No

Is your partner dependent on you? Yes No

How many dependent children?

13. Income

What is your total weekly income before tax?

Table with 2 columns: You, Spouse/partner. Rows: Pension/benefit, Wages/salary, Business/self employed, Child support, Other.

14. Housing and expenses

Board Rent Mortgage None Rates

How much do you pay per week? \$

Other expenses

Table with 2 columns: You, Spouse/partner. Rows: Tax, Child care, Child support, Other.

15. Assets

Table with 2 columns: You, Spouse/partner. Rows: Value of house/land, Less mortgage, Car, Cash, bank etc, Other.

For official use only—Solicitor to complete all information

Admitting document

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

Length of examination

Name

Date Day Month Year

Form 1s27(a)

Date Day Month Year

Psychiatrist Yes No

Doctor's name

Time of examination AM/PM

Form 1s27(b)

Date Day Month Year

Psychiatrist Yes No

Doctor's name

Time of examination AM/PM



