



**TOONGABBIE\***  
LEGAL CENTRE

\*A service of Toongabbie Legal Centre Incorporated

| Advice Date | Advising Solicitor | Supporting Student |
|-------------|--------------------|--------------------|
| / /         |                    |                    |
| / /         |                    |                    |
| / /         |                    |                    |
| / /         |                    |                    |

## Client File No:

(Please use block letters)

|          |             |              |            |
|----------|-------------|--------------|------------|
| Title:   | First Name: | Family Name: |            |
| Address: |             |              | Telephone: |
| Suburb:  | State:      | Postcode:    | Mobile:    |
| Email:   |             |              |            |

Copy of ID attached (driver's licence, passport, pensioner card, etc.)

|  |   |                                   |
|--|---|-----------------------------------|
| Date of birth: (dd/mm/yyyy) / /  | Country of Birth:<br><input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI   | Date of Arrival: (dd/mm/yyyy) / / |
| Main language spoken:  | Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Provided by:                                    |                                   |
| Proficiency in English: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | Disability: <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other<br>State type: |                                   |

|  |   |
|--|---|
| Occupation:<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual | Income: <input type="checkbox"/> <\$15,000 <input type="checkbox"/> \$15,000 - \$30,000<br><input type="checkbox"/> >\$30,000 - \$50,000 <input type="checkbox"/> >\$50,000                                   |
| Employer / Institution / Government assistance type:   | Marital Status:<br><input type="checkbox"/> Single <input type="checkbox"/> Married / / <input type="checkbox"/> De facto / /<br><input type="checkbox"/> Separated / / <input type="checkbox"/> Divorced / / |
| Address:   | No. of dependent children: _____  |
| Work tel:  | Domestic violence involved? <input type="checkbox"/> Yes <input type="checkbox"/> No  |

How did you find out about us?  Brochure (state type): \_\_\_\_\_  Event (state type): \_\_\_\_\_  
 Website  Email  Referral (state from whom): \_\_\_\_\_

## Matter details

|   |   |
|---|---|
| <input type="checkbox"/> Civil<br><input type="checkbox"/> Criminal<br><input type="checkbox"/> Administrative      | State problem type and brief description:   |
| <input type="checkbox"/> Legal Aid application lodged<br><input type="checkbox"/> Referred to external legal advice | <input type="checkbox"/> Pro Bono application lodged<br><input type="checkbox"/> Referred to other services<br>(see pg 2 for details) |
|   | <input type="checkbox"/> Other party represented<br><input type="checkbox"/> Limitation/Critical Dates                                |

## Other party details

|                         |                          |  |            |
|-------------------------|--------------------------|--|------------|
| Title:                  | First Name: (or company) | Family Name:   |            |
| Address:                |                          |  | Telephone: |
| Suburb:                 | State:                   | Postcode:  | Mobile:    |
| Email:                  |                          |  |            |
| Relationship to client: |                          | Conflict of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |

## Third party details (other affected party)

|                         |                          |              |  |
|-------------------------|--------------------------|--------------|--|
| Title:                  | First Name: (or company) | Family Name: |  |
| Relationship to client: |                          |              |  |

### Legal Aid Application

|  |   |                    |   |
|--|---|--------------------|---|
| Date lodged: / /   | Copy attached: <input type="checkbox"/> Yes | Date returned: / / | Copy attached: <input type="checkbox"/> Yes |
| Result: <input type="checkbox"/> Successful<br><input type="checkbox"/> Denied | Reason/Notes:                               |                    |   |

### Law Society Pro Bono Application

|  |   |                    |   |
|--|---|--------------------|---|
| Date lodged: / /   | Copy attached: <input type="checkbox"/> Yes | Date returned: / / | Copy attached: <input type="checkbox"/> Yes |
| Result: <input type="checkbox"/> Successful<br><input type="checkbox"/> Denied | Reason / Notes:                             |                    |   |

### Referred to External Legal Representation

|   |                    |
|---|--------------------|
| Firm:   | Contact No:        |
| Address:  | Contact Person:    |
|   | Date referred: / / |
| Authorisation: <input type="checkbox"/> Principal Solicitor:<br><input type="checkbox"/> Honorary Director: | Signature:         |

### Referred to Other Services

|   |                    |
|---|--------------------|
| Organisation:   | Type of service:   |
| Address:  | Contact No:        |
|   | Date referred: / / |
| Authorisation: <input type="checkbox"/> Principal Solicitor:<br><input type="checkbox"/> Honorary Director: | Signature:         |

### Engaged Prior External Legal Advice

|               |                         |
|---------------|-------------------------|
| Firm:         | Contact No:             |
| Address:      | Solicitor:              |
|               | Date advice sought: / / |
| Advise given: |                         |

### Other Party's Legal Representative

|          |             |
|----------|-------------|
| Firm:    | Contact No: |
| Address: | Solicitor:  |
|          | Email:      |

### Limitation / Critical Dates

|           |       |
|-----------|-------|
| Date: / / | Type: |
| Date: / / | Type: |
| Date: / / | Type: |
| Date: / / | Type: |

### List of Documents Client Advised to Supply:

|    |  |    |  |
|----|--|----|--|
| 1. | Copy attached <input type="checkbox"/> | 5. | Copy attached <input type="checkbox"/> |
| 2. | Copy attached <input type="checkbox"/> | 6. | Copy attached <input type="checkbox"/> |
| 3. | Copy attached <input type="checkbox"/> | 7. | Copy attached <input type="checkbox"/> |
| 4. | Copy attached <input type="checkbox"/> | 8. | Copy attached <input type="checkbox"/> |



