**Online Client Advice Form**

**Personal Information**

Full Name:

{{WLSSAfirstname}} {{WLSSAmiddlename}} {{WLSSAlastname}}

Previously Used

{{WLSSAusednames}}

Names:

{{WLSSAdateofbirth}}

{{WLSSAgender}}

Date Of Birth: Gender:

{{WLSSAidentity}}

Identifies As:

{{WLSSAcountry}}

{% if WLSSAcountry == ‘Other’ %} {{WLSSAcountrydate}} {% endif %}

Country Of Birth (Date

Of Arrival If Applicable):

{{WLSSAdisability}}

{% if WLSSAdisability == ‘Yes’ %} {{WLSSAdisabilitylist}} {% endif %}

Disability:

**Contact** **Information**

Address:

{{WLSSAaddress}}

Telephone Mobile

{{WLSSAmobilenumber}}

{{WLSSAtelephonenumber}}

Number: Number:

{{WLSSAemailaddress}}

Email Address:

Preferred Method Of Contact:

{{WLSSAcontacttype.true\_values()}}

**Language** **Information**

{{WLSSAlanguage}}

{% if WLSSAlanguage == ‘Other’ %} {{WLSSAlanguagelist}} {% endif %}

Main Language Spoken

At Home:

Proficiency In Proficiency In

{{WLSSAwritten}}

{{WLSSAspoken}}

Written English: Spoken English:

**Financial Information**

Gross Weekly Income:

{{WLSSAweeklyincome}}

{{WLSSAincomesource.true\_values()}}

Income Source:

Income Source

{% if WLSSAincomesource == ‘Centrelink’ %} {{WLSSAincomesourcecentrelink}} {% endif %}

{% if WLSSAincomesource == ‘Employment’ %} {{WLSSAincomesourceemployment}} {% endif %}

Information:

**Relationship And Family Information**

{{WLSSArelationship}}

{{WLSSAfamilytype}}

Relationship Status: Family Type:

Number Of Number Of

{{WLSSAotherdependents}}

{{WLSSAdependentchildren}}

Dependent Children: Other Dependents:

{{WLSSAcustodystatus}}

Custody Status:

**Sensitive Circumstances**

{{WLSSAdomesticviolence}}

At Risk Of Domestic Violence:

{{WLSSAhomelessness}}

At Risk Of Homelessness:

**Other Party Information**

Party's Full Name (Or Group/

{{WLSSApartyname}}

Organisation Name):

{{WLSSApartydateofbirth}}

Party’s Date Of Birth:

{{WLSSApartyaddress}}

Party’s Address:

Party/ Client Relationship:

{{WLSSApartyrelationship}}

**Additional Other Party Information**

Party's Full Name (Or Group/

{{WLSSApartyname2}}

Organisation Name):

{{WLSSApartydateofbirth2}}

Party’s Date Of Birth:

{{WLSSApartyaddress2}}

Party’s Address:

Party/ Client Relationship:

{{WLSSApartyrelationship2}}

**Relevant Factors And** **Information**

{% if WLSSAsolicitor == ‘Yes’ %} {{WLSSAsolicitorname}} {% endif %}

Acting Solicitor:

Solicitor's Organisation/

{% if WLSSAsolicitor == ‘Yes’ %} {{WLSSAfirmname}} {% endif %}

Firm Name:

Relevant Factors:

{{WLSSArelevantfactors.true\_values()}}

Any Other Relevant Information:

{{WLSSAmatterinformation}}