**Online Client Advice Form**

Appointment Solicitor Name: Date: Time:

Interpreter (Language):

Booked With Interpreter Service Given To Admin To

(Attach Booking And Confirmation) Book Interpreter

**Client # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:

Centrelink Payment:

{% if WLSSAincomesource [ ‘Centrelink’ ] %} {{WLSSAincomesourcecentrelink}} {% endif %}

Employment Information:

{% if WLSSAincomesource [ ‘Employment’ ] %} {{WLSSAincomesourceemployment}} {% endif %}

**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/

{% if WLSSAotherparty == 'Yes' %} {{WLSSApartyname}} {% endif %}

Organisation Name):

{% if WLSSAotherparty == 'Yes' %} {{WLSSApartydateofbirth}} {% endif %}

Party’s Date Of Birth:

{% if WLSSAotherparty == 'Yes' %} {{WLSSApartyaddress}} {% endif %}

Party’s Address:

Party/ Client Relationship:

{% if WLSSAotherparty == 'Yes' %} {{WLSSApartyrelationship}} {% endif %}

**Additional Other Party Information**

Party's Full Name (Or Group/

{% if WLSSAanotherparty == 'Yes' %} {{WLSSApartyname2}} {% endif %}

Organisation Name):

{% if WLSSAanotherparty == 'Yes' %} {{WLSSApartydateofbirth2}} {% endif %}

Party’s Date Of Birth:

{% if WLSSAanotherparty == 'Yes' %} {{WLSSApartyaddress2}} {% endif %}

Party’s Address:

Party/ Client Relationship:

{% if WLSSAanotherparty == 'Yes' %} {{WLSSApartyrelationship2}} {% endif %}

**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}}

**Legal Aid**

Not Applicable No Refused Grant Exceeded Lodged Not Stated

**Primary Law Type**

Commonwealth Family Commonwealth Civil Commonwealth Criminal

Tribunal – State State – Civil State – Criminal

**Service Type**

Phone Face To Face Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outreach**

RWOP APY LANDS Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Type**

General Family Law Family Violence InDigo

Rural Indigenous Women’s Project

Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral To**

Private Solicitor Community Legal Service Other Family Relationship Centre

Family Court Women’s Mediator/Mediation Centre

Federal Court Legal Aid Commission Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Simple Referral Facilitated Referral

**Client’s Information/Question**

Dates Of: Cohabitation \_\_\_\_\_\_\_\_\_\_ Marriage \_\_\_\_\_\_\_\_\_\_ Separation \_\_\_\_\_\_\_\_\_\_ Divorce \_\_\_\_\_\_\_\_\_\_

CHILDREN: Ages, Current Arrangements, Specific allegations of violence or abuse, Drug/Alcohol/Other concerns, are there final orders or current proceedings and what are they seeking?

PROPERTY: List of Assets including Superannuation, List of Liabilities and who’s possession are the assets in.

CRIMINAL:What offence have they been charged with, which court is it in, when is the next court date.

**Limitation Dates**

|  |  |  |
| --- | --- | --- |
|  | **Limitation Date** | **Advised** |
| Property division/ spousal maintenance – 12 months from absolute date. |  |  |
| Defacto property – 2 years from date of separation |  |  |
| Domestic partners property – 12 months from separation (SA legislation. |  |  |
| Victims of Crime Compensation – 3 years from date of incident. |  |  |
| Family Provision Claim- 6 months from grant of probate. |  |  |
| Discrimination – EOC(SA) – 6 months from act of discrimination. |  |  |
| Unfair dismissal – 21 days from date of dismissal. |  |  |
| Personal Injuries – 3 years from date of injury. |  |  |
| Other |  |  |

Not Applicable

**INSTRUCTIONS:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**ADVICE PROVIDED TO CLIENT:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **Supervisor:** | | |
| **Advisor:** | **Volunteer:** | **Lawyer/ Non-Lawyer:** |
| **Name:** | **Signature:** | **Date:** |
| **Senior Solicitor name:** | **Signature:** | **Date:** |