Date: CONFIDENTIAL – WOMEN’S LEGAL SERVICE SA

Appointment Solicitor Name Date: Time:

Interpreter (Language ): Booked with Interpreter: given to admin:

Attach booking and confirmation. Book interpreter

Does the caller have a solicitor acting? Yes/NO **Client Advice Form**

**Personal Details Client # Service #**

First Name: Surname:

Client Contact

{{WLSSAfirstname}}

{{WLSSAlastname}}

Person

Previously used names/s / ORGANISATION NAME

{{WLSSAusednames}}

{{WLSSAaddress}}

Address:

Suburb: Post code:

{{WLSSAdateofbirth}}

{{WLSSAtelephonenumber}}

Telephone: Date of Birth:

{{WLSSAemailaddress}}

Email:

Gender: The client identifies as:

{{WLSSAgender}}

{{WLSSAidentity}}

{{WLSSAdisability}}

{{WLSSAfamilytype}}

Family Type Disability:

{{WLSSAcountry}}

{{WLSSAprivacytype}}

Country: Privacy Type

Of birth

{{WLSSAlanguage}}

Main language spoken at home:

Requires interpreter:

{{WLSSAwritten}}

Proficiency in English, Witten:

Spoken:

{{WLSSAspoken}}

{{WLSSAweeklyincome}}

Gross weekly income before tax:

{{WLSSAincomesource}}

Income Source:

{{WLSSAdomesticviolence}}

Are you at risk of domestic violence?

{{WLSSAhomelessness}}

Are you at risk of homelessness?

{{WLSSArelationship}}

Relationship status:

{{WLSSAdependentchildren}}

No. Dependent children:

{{WLSSAotherdependents}}

No. Other dependents:

{{WLSSAcustodystatus}}

Client Custody Status:

Legal Aid Status:

Relevant Factors the client has flagged for discussion.

{{WLSSArelevantfactors}}

Other Party details to be Added soon as variables or data structure known.

Other stated relevant information from client.

{{WLSSAmatterinformation}}

**Internal Use Only.**

**Primary Law Type:** Commonwealth or State Family, Civil, Criminal or State Tribunal.

**Service type**: Phone/ face to face/ other

**Outreach**: RWOP, APY LANDS or Other:

**Funding Type:**

General: InDigo Family Law Family Violence 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, Simple referral, Facilitated Referral, other

**Limitation Dates, If Applicable**

|  |  |  |
| --- | --- | --- |
|  | **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? |  |  |

**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 whose possession are the assets in?

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

**INSTRUCTIONS:**

**ADVICE PROVIDED TO CLIENT:**

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