Date: CONFIDENTIAL – WOMEN’S LEGAL SERVICE SA

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

**Personal Details**

First Name:

{{WLSSAfirstname}}

Middle Name:

{{WLSSAmiddlename}}

Surname:

{{WLSSAlastname}}

Previously used names/s / ORGANISATION NAME

{{WLSSAusednames}}

Address:

{{WLSSAaddress}}

Telephone: Date of Birth:

{{WLSSAtelephonenumber}}

{{WLSSAdateofbirth}}

Mobile:

{{WLSSAmobilenumber}}

{{WLSSAemailaddress}}

Email:

Acting Solicitor:

{{WLSSAsolicitorname}}

Solicitor's Organisation/ Firm Name:

{{WLSSAfirmname}}

Your chosen contact method:

{{WLSSAcontacttype.true\_values()}}

Gender: The client identifies as:

{{WLSSAgender}}

{{WLSSAidentity}}

{{WLSSAdisability}}

{{WLSSAfamilytype}}

Family Type Disability:

{{WLSSAcountry}}

Country:

Of birth

Main language spoken at home:

{{WLSSAlanguage}}

Requires interpreter:

{{WLSSAwritten}}

Proficiency in English, Witten:

Spoken:

{{WLSSAspoken}}

{{WLSSAweeklyincome}}

Gross weekly income before tax:

{{WLSSAincomesource.true\_values()}}

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:

Relevant Factors the client has flagged for discussion.

{{WLSSArelevantfactors.true\_values()}}

Other stated relevant information from client.

{{WLSSAmatterinformation}}

**Other Party Details**

Party's full name

{{WLSSApartyname}}

(or group/organisation name):

Party’s Address:

{{WLSSApartyaddress}}

Relationship to Client

{{WLSSApartyrelationship}}

Date of Birth:

{{WLSSApartydateofbirth}}

**Second Other Party Details**

Party's full name

{{WLSSApartyname2}}

(or group/organisation name):

Party’s Address:

{{WLSSApartyaddress2}}

Relationship to Client

{{WLSSApartyrelationship2}}

Date of Birth:

{{WLSSApartydateofbirth2}}