

INTAKE FORM

Previous attendance?	
On this matter?	
Total attendance?	

Please Ensure That All Questions Have Been Answered

Client No:		Date of service:		Number given:	
Service No:					

Conflict check conducted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Conflicted by:
Conflict Date:	Any Conflicts: Yes <input type="checkbox"/> No <input type="checkbox"/>

1. First Name		2. Last name	
3. Address		4. Other Names	
5. Suburb		6. Postcode	
7. Safe Email		8. Safe Phone	
9. Date of Birth		10. Gender	

Tick this box if we are unable to contact you for safety reasons

11. Country of birth	12. Main language spoken at home	13. Proficiency in English
		<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good 13(b) Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No

Priority Needs Criteria	14. Are you under the age of 24?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	15. Are you over the age of 65?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	16. Do you identify as LGBTQIA+? <i>(Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and Others)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
	17. Are you experiencing or at risk of homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	18. Are you a single parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	19. Are you experiencing financial hardship or disadvantage? <i>(i.e. are you unable to afford legal representation?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	20. Do you reside in a rural or remote area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	21. Have you recently been, or are you here on behalf of a person in custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	22. Is there, or has there been, drug or alcohol abuse within your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	23. Do you have a history of mental illness or disability? <i>If you answered 'Yes' please state condition:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
DFV Criteria	24. Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
	25. What is the highest level of education that you have completed?	<input type="checkbox"/> Year 10 <input type="checkbox"/> Year 12 <input type="checkbox"/> Diploma/Certificate <input type="checkbox"/> Bachelors Degree +
	26. Are you experiencing or at risk of domestic or family violence? <i>(Includes physical, sexual, emotional, psychological or economic abuse, threatening or coercive behaviour from a family member or person you are in an intimate personal relationship with?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	27. Are you being made to fear for your safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	28. Are you being harassed, intimidated or followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	29. If you have answered yes to any question from 26-28, please specify from whom. <i>(e.g. partner, family member)</i>	_____

30. What legal issue are you having?			
31. What outcome would you like to achieve?			
32. What jurisdiction/location is the matter taking place in? (eg: Family Courts, Magistrates Court, QCAT)			
33. Who else is involved in your issue? Please write their full name or business and their relationship to the matter. You must also include one other piece of information (i.e., Date of Birth, Phone Number, Address, Email) (If children are involved in the matter, please list their full name and date of birth)			
Name	Date of Birth	Phone / Address / Email	How they relate to matter?
34. Does the other side have a lawyer? (please list all lawyers who have been involved)			
<input type="checkbox"/> Yes, they've seen _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure			
35. Have you seen any form of legal representation, service or assistance for this matter from any of the following?			
From a Lawyer?			
<input type="checkbox"/> Yes, I saw _____ <input type="checkbox"/> No			
Did you pay for their services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From a Community Legal Centre? If yes, which one?			
<input type="checkbox"/> Yes, Women's Legal Service		<input type="checkbox"/> Yes, Northern Rivers CLC	
<input type="checkbox"/> Yes, Caxton		<input type="checkbox"/> Yes, ATSILS	
<input type="checkbox"/> Yes, Southport CLC		<input type="checkbox"/> No	
<input type="checkbox"/> Yes, Other (please specify)			
From Legal Aid?			
Application lodged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Application refused			
36. If so, why are you not returning to that service?			
37. Have court orders been made in relation to this matter?			
<input type="checkbox"/> Yes, a domestic violence order <input type="checkbox"/> Yes, a parenting order <input type="checkbox"/> Yes, a financial/property order			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Other (please specify)			
38. How did you hear about us?			
<input type="checkbox"/> Southport CLC	<input type="checkbox"/> Police	<input type="checkbox"/> DV Connect	
<input type="checkbox"/> Northern Rivers CLC	<input type="checkbox"/> Court	<input type="checkbox"/> Relationships Aus.	
<input type="checkbox"/> Caxton Legal	<input type="checkbox"/> QCAT	<input type="checkbox"/> Justice of the Peace	
<input type="checkbox"/> ASTILS	<input type="checkbox"/> Community noticeboard/billboard	<input type="checkbox"/> FSG	
<input type="checkbox"/> Women's Legal Service	<input type="checkbox"/> Facebook	<input type="checkbox"/> Fair Work Ombudsman	
<input type="checkbox"/> Family or friend	<input type="checkbox"/> Google	<input type="checkbox"/> Queensland Ombudsman	
<input type="checkbox"/> Medical professional	<input type="checkbox"/> Fair Work Commission	<input type="checkbox"/> Commonwealth Ombudsman	
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Radio/TV	<input type="checkbox"/> Financial Ombudsman Service	
<input type="checkbox"/> Other (please specify)			

39. Please detail the history of the incident on which you want advice, the reason you are seeking legal advice, and list any specific questions you would like answered.

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40. Have you brought in or emailed relevant documents for your advice session?
Email documents to: **office@mycommunitylegal.org.au** using your full name and allocated number in the subject line

<input type="checkbox"/> Yes, court orders	<input type="checkbox"/> Yes, application	<input type="checkbox"/> Yes, affidavit	<input type="checkbox"/> Yes, correspondence	<input type="checkbox"/> Yes, contract
<input type="checkbox"/> Yes, lease agreement	<input type="checkbox"/> Yes, other (please specify)			<input type="checkbox"/> No

Once your file has been closed, My Community Legal is required to keep it for a period of 7 years, after which time your file will be destroyed. Please sign below to indicate your consent to this process.

Privacy and Confidentiality

Please complete all sections of this form. The service abides by the National Privacy Principles contained in the Commonwealth Privacy Act 1988. Personal information supplied to us is confidential and will not be given to anyone else unless authorised. We are required to provide statistical information about our services to our funding bodies. However, your personal details and the details of your legal problem are not provided to our funding bodies, but are necessary for the internal records of the service.

The information entered by you in this document will need to be shared electronically with our practitioner/s handling your matter prior, during and after your advice being given. Please advise us whether you consent to this.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you consent to a law student sitting in on your consultation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I acknowledge that the legal advice and information provided to me by MCL may vary if the information that I have provided is not full and correct, and I have not provided all relevant documents and parties.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Initial:

Client Signature:		Date:	
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MCL Duty Lawyer(s): (Please print name)		Signature:	
Assistant: (Please print name)		Signature:	

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