

Women's Legal Service

LEGAL REFERRAL FORM – WOMEN'S LEGAL SERVICE

Women's Legal Service is a specialist community legal centre providing free legal and social work services to Queensland women. We assist women in the areas of **family law**, **child support**, **domestic violence** and **child protection**, as well as providing [community legal education](#) and advocating for [law reform](#) at both a state and national level.

Attention:	Principal Solicitor	Email:	admin@wlsq.org.au
From:	_____		
	(Organisation)		
Case Worker:	_____	Date of Referral:	_____
Phone:	_____	Email:	_____

Interpreter Required? ☐ Yes ☐ No Dialect: _____

Does the client consent to us contacting them directly? ☐ Yes ☐ No

Is it safe to contact the client directly? ☐ Yes ☐ No

Problem Type:

- | | |
|--|---|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Divorce and Separation |
| <input type="checkbox"/> Child/Spousal Maintenance | <input type="checkbox"/> Family/Domestic Violence |
| <input type="checkbox"/> Contact and Residency | <input type="checkbox"/> Property |
| <input type="checkbox"/> Child Protection | <input type="checkbox"/> Other Family Law: _____ |

CLIENT DETAILS:

* Please ensure client details have been completed in the "Client Form" (next page).

ATTACHMENTS: (Please attach the following, where applicable)

- ☐ Photocopy of Health Care/Concession Card
- ☐ Photocopy of Court documents
- ☐ Photocopy of Domestic Violence Order
- ☐ Other relevant documents: _____

Legal Referral Form updated July 2017



Women's Legal Service Inc. www.wlsq.org.au

Address: 8 Ponsonby Street (cnr Ipswich Road) Annerley Qld 4103 | PO Box 119, Annerley Qld 4103

Administration Line: (07) 3392 0644 | Fax: (07) 3392 0658

Helpline: 1800 WLS WLS (1800 957 957) | RRR Line: 1800 457 117 | Email: admin@wlsq.org.au



WOMEN'S LEGAL SERVICE – Legal Intake Form

CLASS ID: Date: **PERSONAL DETAILS:**

Please check spelling and print clearly. Name and contact details will remain confidential to WLS

Have you contacted WLS before: ☐ Yes ☐ NoDate: **OFFICE USE ONLY: CONFLICT CHECK COMPLETED?** ☐Result: ☐ No conflict ☐ Potential conflict v August 2017**Outreach location – Tick all that apply**

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Daytime | <input type="checkbox"/> RRR | <input type="checkbox"/> Urgent appt |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Legallink | <input type="checkbox"/> HJP |
| <input type="checkbox"/> Face to face | <input type="checkbox"/> Prison | <input type="checkbox"/> FRC _____ |
| <input type="checkbox"/> Phone | <input type="checkbox"/> DV Unit Bris | <input type="checkbox"/> Duty lawyer: |
| <input type="checkbox"/> 30 min appt | <input type="checkbox"/> DV Unit GC | HP / Cab / Ips |
| <input type="checkbox"/> 1 hour appt | <input type="checkbox"/> Warm referral | <input type="checkbox"/> Helpline solicitor |

Family/Surname: First/Given names: Street address: Suburb: State: Postcode: Remote/
Rural ☐Phone: Email: Date of birth: If we need to contact you, is it **safe** to: ☐ call ☐ email ☐ mail ☐ SMS ☐ leave a message on your phoneHave you ever experienced domestic violence (DV)? ☐ Yes ☐ No Is housing stability an issue for you? ☐ Yes ☐ No ☐ At RiskIs **your own safety** at risk right now? ☐ Yes ☐ No Is **your child's safety** at risk? ☐ Yes ☐ No Is the matter **urgent**? ☐ Yes ☐ NoIndigenous status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither Aboriginal or Torres Strait IslanderCountry of birth: Year of arrival:
(if born overseas) Visa/residency status: Main language spoken at home: Interpreter required: ☐ Yes ☐ NoDo you have a disability? ☐ Yes ☐ NoIf yes, disability type:

The following questions will assist us in directing you to the appropriate service

Income: (yearly/weekly approx.) Main income source: ☐ Paid employment ☐ Centrelink ☐ Other ☐ NilLegal Aid: ☐ Applied, waiting ☐ Granted ☐ Refused ☐ Exceeded cap ☐ Not appliedCurrent private solicitor: ☐ Yes ☐ No**YOUR LEGAL PROBLEM:** Please provide as much detail/information as possibleHow did you find out about Women's Legal Service? **Other parties involved in this matter:**Full Name: Date of birth: Solicitor/law firm (if known): Relationship to client: **Details of children:** Name

Age/Date of birth

Currently residing with

Number of
childrenDate you started living together: Date of separation: Date of divorce: Date of marriage: Have you attended mediation? ☐ Yes ☐ NoNext court date: Do you have any legal documents (orders/agreements)? ☐ Yes ☐ NoWhat are you seeking assistance with? ☐ I agree to be contacted at the completion of my matter for feedback and service improvement**Consent to destroy file:**

I agree that the above information is true and correct. Once your file has been closed, or we've finished advising you, WLS is required to keep your paper and electronic records for a period of 7 years. After that the records will be destroyed. Please sign below to indicate that you consent to this process.

Please sign here: Date: