



Date

Client ID

**PLEASE PRINT ALL DETAILS CLEARLY AND COMPLETE BOTH PAGES**

**ABOUT YOU** (*you must complete this section*)

Family / Surname (no abbreviations/nicknames please)	Given name(s) (no abbreviations/nicknames please)	CC
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Have you been known by any other name (i.e. maiden name/before name change)?  No  Yes: What was that name?

Preferred name (for us to address you by)	Date of Birth dd/mm/yyyy	Gender
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Address	Suburb	State	Postcode
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Contact number	Email
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Please let us know if you do not want us to contact you on any of the above (i.e. for safety or privacy reasons) and let us know how best to get in contact with you if we need to.

**THE OTHER PERSON** (*you must complete this section*)

What is the name/s of the other person/s, company/ies or organisation/s in your dispute?	Date of Birth dd/mm/yyyy	CC
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Has the other party been known by any other name?  No  Yes: What was that name?

**YOUR LEGAL PROBLEM** (*you must complete this section*)

In a few words, what type of legal problem do you have (i.e. 'family law', 'discrimination', 'criminal'):	CLSIS Code (office use only)
Please include more details on page 2	

Have you ever received advice from LGBTI Legal Service before?  Yes – **different** issue  Yes – **same** issue  No

**OTHER** (*for statistics purposes only – you do not have to complete this section if you do not want to*)

**Why did you approach the LGBTI Legal Service?**

<input type="checkbox"/> I feel my issues would be better addressed by a lawyer with specific LGBTI experience	<input type="checkbox"/> I can't afford a private lawyer
<input type="checkbox"/> I feel safer/more comfortable	<input type="checkbox"/> Other – specify:

**Who referred you to the LGBTI Legal Service?**

<input type="checkbox"/> Legal Aid	<input type="checkbox"/> Government department	<input type="checkbox"/> Self/Family/Friend	<input type="checkbox"/> Other – specify:
<input type="checkbox"/> Other CLC	<input type="checkbox"/> Court	<input type="checkbox"/> Private solicitor	

**Have you attempted to get legal assistance from Legal Aid in relation to your problem?**

Application lodged  Application refused  Grant ceiling exceeded  No  Other

**Your relationship**

<input type="checkbox"/> Couple with dependents	<input type="checkbox"/> Couple (no dependents)	<input type="checkbox"/> Other – specify:
<input type="checkbox"/> Sole parent with dependents	<input type="checkbox"/> Single (no dependents)	

<b>ATSI identity</b>	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	Main language spoken at home
	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Neither	

**LGBTI identity**  Lesbian/Gay  Bisexual  Trans  Intersex  Other – specify:

<b>Do you have a disability?</b>	<input type="checkbox"/> Yes	<b>Current household income</b>	<input type="checkbox"/> None	<input type="checkbox"/> Medium (\$35,000 - \$65,000 p/a)
	<input type="checkbox"/> No		<input type="checkbox"/> Low (under \$35,000 p/a)	<input type="checkbox"/> High (over \$65,000 p/a)

<b>Income source</b>	<input type="checkbox"/> Earned (wage, salary)	<input type="checkbox"/> Other (Workers Comp, Super, Investments)	Country of birth
	<input type="checkbox"/> Govt Pension/Benefit	<input type="checkbox"/> None	

**Privacy and Confidentiality**

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.

