

## 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**.

<b>Attention:</b>	Principal Solicitor	<b>Email:</b>	<a href="mailto:admin@wlsq.org.au">admin@wlsq.org.au</a>
<b>From:</b>	_____		
	(Organisation)		
<b>Case Worker:</b>	_____	<b>Date of Referral:</b>	_____
<b>Phone:</b>	_____	<b>Email:</b>	_____

**Interpreter Required?**       No       Yes      **Language/Dialect:** \_\_\_\_\_

- ❖ Does the client consent to us contacting them directly?       Yes       No
  - If Yes, is there a safe time to call (eg. morning/afternoon) or any other safety issues we should be aware of? \_\_\_\_\_
- ❖ Has the client received DV risk assessment and safety planning support from the referring agency?       Yes       No
- ❖ Can the referral agency attach a copy of your latest safety and risk assessment (with client consent)?       Yes       No
- ❖ Is the client receiving further ongoing support from the referring agency about risk and safety?       Yes       No

**PROBLEM TYPE:**

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

**ATTACHMENTS:** (Please attach photocopies of the following, where applicable)

- |   |  |
|---|--|
| <input type="checkbox"/> Domestic Violence Order<br><input type="checkbox"/> Court Documents<br>_____ | <input type="checkbox"/> Other relevant documents:<br>_____<br>_____ |
|---|--|

**Please provide a brief history of relevant matters to assist the legal interview (\*include summary of the history of DV, assessment of risk, and any high risk indicators)**

**\* Please ensure client details have been completed over the page.**

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  No

Date:

**Outreach location – Tick all that apply**

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Daytime      | <input type="checkbox"/> RRR                | <input type="checkbox"/> DVU _____          | <input type="checkbox"/> COVID-19      |
| <input type="checkbox"/> Evening      | <input type="checkbox"/> LegalLink          | <input type="checkbox"/> HJP _____          | <input type="checkbox"/> DCSY&W        |
| <input type="checkbox"/> Face to face | <input type="checkbox"/> Div Clinic         | <input type="checkbox"/> FRC _____          | <input type="checkbox"/> Organisation  |
| <input type="checkbox"/> Phone        | <input type="checkbox"/> Urgent appt        | <input type="checkbox"/> Prison _____       | <input type="checkbox"/> Ongoing Legal |
| <input type="checkbox"/> 30 min appt  | <input type="checkbox"/> Helpline Solicitor | <input type="checkbox"/> Duty lawyer: _____ | <input type="checkbox"/> Support       |
| <input type="checkbox"/> 1 hour appt  | <input type="checkbox"/> Warm referral      | <input type="checkbox"/> Remote Volunteer   |  |

Family/Surname:

First/Given names:

Have you ever been known by another name?:

Date of birth:

Street address:

Suburb:

State:

Postcode:

Remote/  
Rural

Phone:

Email:

If we need to contact you, is it safe to:  call  email  mail  SMS  leave a message on your phone

Have you ever experienced domestic violence? Yes No

Is housing stability an issue for you? Yes No At risk

Is domestic violence an issue for you? Yes No

Is the matter urgent? Yes No

Is your safety at risk? Yes No

Is your child's safety at risk? Yes No

Indigenous status:  Aboriginal  Torres Strait Islander  Neither Aboriginal nor Torres Strait Islander

Country of birth:

Year of arrival:  
(if born overseas)

Visa/residency status:

Main language spoken at home:

Interpreter required:  Yes  No

Do you have a disability?  Yes  No

If 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  Nil

Legal Aid:  Applied, waiting  Granted  Refused  Exceeded cap  Not applied

Current private solicitor:  Yes  No

**YOUR LEGAL PROBLEM:** Please provide as much detail/information as possible

How did you find out about Women's Legal Service?

**Other parties involved in this matter:**

Full Name (including middle):

Date of birth:

Solicitor/law firm (if known):

Relationship to client:

**Details of children:** Name

Age/Date of birth

Currently residing with

Number of children

Date you started living together:

Date of separation:

Date of divorce:

Date of marriage:

Have you attended mediation?  Yes  No

Next court date:

Do you have any legal documents (orders/agreements)?  Yes  No

What are you seeking assistance with?

I agree to be contacted at the completion of my matter for feedback and service improvement

**Confidentiality & exception** - Your discussions with us are confidential and we cannot share your information unless you approve.

There are two exceptions to this - if a person is at immediate risk of physical harm, or if a child has been, or could be sexually abused.

**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:**

## CONSENT FOR REFERRAL AND INFORMATION SHARING

I, \_\_\_\_\_:

- give consent to the Women's Legal Service (WLS) to discuss relevant matters related to my situation with \_\_\_\_\_ (service)

Key worker name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Email: \_\_\_\_\_

- give consent to the Women's Legal Service (WLS) providing acknowledgement to a referral service that advice has been given

I understand that the information discussed and shared will assist WLS in providing me with support in collaboration with other relevant services.

**I UNDERSTAND THAT I CAN CHANGE THIS CONSENT AT ANY TIME BY DISCUSSING IT WITH WLS.**

\_\_\_\_\_

(signature)

\_\_\_\_\_

(name)

\_\_\_\_\_

(date)