



RAILS

Refugee and Immigration
Legal Service

WOMEN ON TEMPORARY VISAS EXPERIENCING FAMILY VIOLENCE



Women's Legal Service ('WLS') 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**.

Refugee and Immigration Legal Service ('RAILS') is a specialist refugee and Immigration service. RAILS advocate for cases of most need before the **Department of Home Affairs, review tribunals** and, **judicial review**.

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

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 | <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: _____ |
| <input type="checkbox"/> Migration Law | |

ATTACHMENTS: (Please attach photocopies, where applicable)

- | | |
|--|---|
| <input type="checkbox"/> Domestic Violence Order Court | <input type="checkbox"/> Immigration Documents: |
| <input type="checkbox"/> DV/Family Law Documents | <input type="checkbox"/> a) Visa Grant Notice |
| _____ | <input type="checkbox"/> b) Copy of Passport or Immi Card |
| | <input type="checkbox"/> c) Emails from DoHA or AAT |
| | <input type="checkbox"/> d) Other _____ |

Is there any communication from Department of the Home Affairs or Department of Immigration?
Yes No Unsure

If so, Is there a deadline? No Yes - DATE: _____

Please provide a brief history of relevant matters to assist the legal interview (Include: summary of the history of DV, assessment of risk, any high risk indicators, and any Migration Law assistance required)

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

WTVEFV - Legal Referral Form

OFFICE USE ONLY: CONFLICT CHECK COMPLETED?

Result: No conflict Potential conflict

v July 2021

CLASS ID: _____

Date: _____

Outreach location – Tick all that apply

- Daytime RRR DVU _____ COVID-19
- Evening Temp Visa PP HJP _____ DCSY&W
- Face to face Div Clinic FRC _____ Organisation
- Phone Urgent appt Prison _____ Ongoing Legal
- 30 min appt Helpline Solicitor Duty lawyer: _____ Support
- 1 hour appt Warm referral Remote Volunteer

PERSONAL DETAILS: Please check spelling and print clearly. Name and contact details will remain confidential to WLS and RAILS

Have you contacted WLS before: Yes No Date: _____

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 domestic violence an issue for you? Yes No

Is homelessness an issue for you? Yes No At risk Are you experiencing Coercive control? 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: _____

Date 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 the Temporary Visa Pilot? _____

Other parties involved in this matter:

Is/was the Perpetrator of DV the Client's visa sponsor? Yes No Unsure

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

Description of Family/Domestic Violence: _____

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) and the Refugee and Immigration Legal Service (RAILS) 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) and Refugee and Immigration Legal Service (RAILS) providing acknowledgement to a referral service that advice has been given

- give consent for information in this referral to be shared between Women's Legal Service (WLS) and Refugee and Immigration Legal Service (RAILS) at the time of advice given

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

(signature)

(name)

(date)