

# LEGAL REFERRAL FORM – WOMEN’S LEGAL SERVICE QLD



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.**

If you have a client you would like to refer to us for legal advice on any of the above matters, please fill out the following form and return to [referrals@wlsq.org.au](mailto:referrals@wlsq.org.au) and we will be in touch within 2-3 working days. If the legal matter is more urgent, please encourage your client to call our Helpline on 1800 957 957. This line is open Monday to Friday 9:00am-4:30pm.

WLSQ will provide alternative service or referral options to clients who cannot be assisted by WLSQ due to capacity or eligibility.

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## **CONFIDENTIALITY**

Our discussions with clients are completely confidential. We cannot share information about a client's matter without their consent, however a legal duty to disclose may arise if a person is at immediate risk of physical harm, or if a child has been sexually abused.

- I confirm I have explained the confidentiality requirements to the client who has confirmed they understand and accept.

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## **REFERRER DETAILS**

Organisation referring from:	
Referrer’s Name:	
Referrer’s Contact Number:	
Referrer’s Email Address:	

Have you advised the client that you are referring them to WLSQ?    Yes     No

Has the client confirmed their consent to WLSQ discussing their matter with the referral organisation including sharing information and / or relevant documents?                            Yes     No

Please select what level of assistance and/or support the referral organisation has provided to the client so far (please tick all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Counselling                        | <input type="checkbox"/> Financial Assistance     |
| <input type="checkbox"/> Housing / Accommodation assistance | <input type="checkbox"/> Information and Referral |
| <input type="checkbox"/> Safety Planning                    | <input type="checkbox"/> Crisis Assistance        |
| <input type="checkbox"/> Risk Assessment                    |   |

Has a risk assessment and safety plan been completed? If so, how recently and by who? Provide details below.

**CLIENT ELIGIBILITY**

Does the client live in Queensland, or have a legal matter in Queensland?

- Yes, the client lives in Queensland
- Yes, the client’s legal matter is in Queensland
- Yes, the client lives in Queensland and their legal matter is in Queensland
- No, the client does not live in Queensland and does not have a legal matter in Queensland

Does the client currently have a legal aid lawyer, or private lawyer helping with this matter?      Yes  No

What is the client’s main source of income?:      Paid employment  Centrelink  Other

What is the client’s average weekly or yearly income?: \_\_\_\_\_

Client’s full name (including any middle names): \_\_\_\_\_

Client’s gender and/or preferred pronouns: \_\_\_\_\_

Client’s date of birth (dd/mm/yyyy): \_\_\_\_\_

Has the client been known by any other names?: \_\_\_\_\_

Please list the **full names** (including **middle names** and **other legal names**) and **dates of birth** of **all** other parties involved in the matter. The relationship of the other party to the client would also be helpful (i.e. are they an ex-partner, spouse etc).

If the other party is an ex-spouse or ex-partner, please also include the following dates (if applicable and known):

Date parties started living together:	
Date of marriage:	
Date of separation:	
Date of divorce:	

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**LEGAL MATTER**

Women’s Legal Service Qld assists women in the areas of **family law, child support, domestic violence** and **child protection**. We have limited capacity for casework assistance, court representation and document drafting. This is assessed on a case-by-case basis and is subject to eligibility and internal capacity at the time of referral.

Please provide a brief description of the legal issue - *please include any legal questions the client has, details of any court orders, agreements or legal documents in place, upcoming court dates and any DV history or safety concerns.*

**CLIENT CONTACT DETAILS**

Does the client consent to WLSQ contacting them directly? Yes  No

Please confirm that it is SAFE to: Call  SMS  Voicemail  Email

Please provide further details on the safe times / ways to contact the client:

Client's best contact number (if safe): \_\_\_\_\_

Client's best email address (if safe): \_\_\_\_\_

Does the client require an interpreter? Yes  No  Maybe

If so, which language?: \_\_\_\_\_

**OTHER DETAILS:**

*This section is optional, but the more detail you provide, the better WLSQ will be able to assist in providing the most relevant information, referrals and timely advice.*

What is the client's street address?: \_\_\_\_\_

*Please include house / unit number and postcode if possible. If it is unsafe to share the client's address, it would still be helpful to know what area the client is located*

Is housing stability an issue for the client? Yes  No  At risk  Unsure

Is the safety of the client, or their children at risk?

- Yes, client's safety is at risk
- Yes, child's safety is at risk
- Yes, both client and child's safety is at risk
- No
- Unsure

Country of birth?: \_\_\_\_\_

*If not Australia, please also include the year the client moved to Australia and their current visa or residency status (if known)*

What is the main language spoken at home?: \_\_\_\_\_

Is the client of Aboriginal and/or Torres Strait Islander origin?

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Neither Aboriginal nor Torres Strait Islander
- Unknown / Prefer not to say

Does the client identify as having any disabilities?: Yes  No  Unknown / Prefer not to say

If yes, disability type: \_\_\_\_\_

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**CONFIRMATION OF SUBMISSION:**

After you have submitted this referral form to [referrals@wlsq.org.au](mailto:referrals@wlsq.org.au), the information you have provided will be sent to our referral team. The team will then be in touch within 2-3 working days.

If the legal matter is more urgent, please encourage your client to call our Helpline on 1800 957 957. This line is open from Monday to Friday from 9am-4:30pm.

If you have any further questions, please get in touch with our team via the email above.

Thank you for your referral.

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