| Type of ID | ID record |
| --- | --- |
| Client ID | Enter client ID. |
| CIR ID | Enter CIR ID. |
| DLR / CAR ID | Enter DLR/CAR ID |
| File ID – LIT / MW | Enter file ID – LIT/MW. |
| Child client | [ ]  Yes [ ]  No  |

# CHILDREN’S COURT FAMILY DIVISION

[ ]  Duty Lawyer Record

[ ]  Court Attendance Record

## Next action

[ ]  Resubmit Enter resubmit details.

[ ]  Create file (specify type) Enter file type.

[ ]  Reporting letter Enter reporting letter details.

[ ]  Send copy to Enter recipient details.

[ ]  Lodge application

[ ]  Close file

[ ]  No further action

**Client first name:** Enter client name.

**Family name:** Enter client family name.

**Client DOB:** Enter client DOB.

Client is:

[ ]  Adult

[ ]  Parent

[ ]  Child/Youth

[ ]  Other

Matter of: Click or tap here to enter text.

## Service details

**Practitioner:** Enter practitioner name.

**Referred from:** Enter referral details.

**Court / Tribunal:** Enter court/tribunal details.

**Date:** Enter service date.

**Court ref. no.:** Enter court ref. no.

**Location:** Enter service location.

**Judge / Magistrate / Registrar** Enter Judge / Magistrate / Registrar name.

## Work type

[ ]  Information only

[ ]  Mention

[ ]  IAO Adjournment

[ ]  Procedural advice only

[ ]  Mention [Submissions]

[ ]  IAO Appearance

[ ]  Legal Advice

[ ]  Directions Hearing

[ ]  IAO Contest

[ ]  Conference (type): Click or tap here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Matter type(List primary matter first) | Non-appearance outcome[ ]  Information only[ ]  Procedural advice only[ ]  Legal advice | Fact sheet number | Adjourned date | Other legal or non-legal services referred to | Referral reason |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Appearances

|  |  |  |
| --- | --- | --- |
| Lawyer / barrister | Appearing for | Name |
|  | DHHS |  |
|  | [ ] M [ ] F [ ] Ch [ ] Other |  |
|  | [ ] M [ ] F [ ] Ch [ ] Other |  |
|  | [ ] M [ ] F [ ] Ch [ ] Other |  |

## Comments

(If required to be entered in ATLAS)

|  |
| --- |
| Enter comments. |

# CLIENT DETAILS

(Please complete all questions) NOTE: If an Application for Aid has been completed, this section in not required.

## 1. Personal details

Title [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Mstr [ ]  Mx [ ]  None

First name: Enter client name.

Middle name: Enter client middle name.

Family name: Enter client family name.

Have you used any other names? [ ]  Yes [ ]  No

If YES, please state other names: Enter other names.

Gender:

[ ]  Male

[ ]  Female

[ ]  Self-described

[ ]  Trans or gender diverse

[ ]  Prefer not to say

Date of birth: Enter client DOB.

If estimate, tick [ ]

## 2. Contact details

Are you homeless? [ ]  Yes [ ]  No

Where do you live? Enter home address.

Postcode: Enter postcode.

Is this where you usually live? [ ]  Yes [ ]  No

Can we send mail to this address? [ ]  Yes [ ]  No

If no, where can we write to you? Enter postal address.

Postcode: Enter postcode for postal address.

Do you prefer to be contacted by email? [ ]  Yes [ ]  No

Email address: Enter email address

Is SMS okay? [ ]  Yes [ ]  No

Phone numbers:

Mobile: Enter mobile number.

Home: Enter home phone number.

Work: Enter work number.

Other: Enter other contact number.

## 3. Origin

Country of birth: Enter country of birth.

Year of arrival: Enter year of arrival.

Are you of Aboriginal or Torres Strait Islander origin?

[ ]  No [ ]  Aboriginal

[ ]  Torres Strait Islander [ ]  Aboriginal and Torres Strait Islander

## 4. Language

Do you speak a language other than English at home?

[ ]  Yes [ ]  No

Which language? Enter language spoken at home.

Do you need an interpreter?

[ ]  Yes [ ]  No

Which language? Enter interpreter language.

How well do you speak English?

[ ]  Very well [ ]  Well [ ]  Not well [ ]  Not at all

How well do you read English?

[ ]  Very well [ ]  Well [ ]  Not well [ ]  Not at all

Has anyone helped you to fill in this form?

[ ]  Yes [ ]  No

## 5. Disability

Do you have a disability?

[ ]  Yes [ ]  No [ ]  Not stated (Go to Question 6)

What kind of disability?

[ ]  Acquired brain injury

[ ]  Mental health

[ ]  Speech

[ ]  Intellectual

[ ]  Psychiatric

[ ]  Visual

[ ]  Hearing

[ ]  Physical

[ ]  Not disclosed

[ ]  Other: Enter other disability.

## 6. Employment status

What is your employment status?

[ ]  Not employed (Go to question 7)

[ ]  Full-time

[ ]  Part-time

[ ]  Casual

[ ]  Self-employed

What work do you do? Enter type of work.

How much do you earn each week after tax? Enter amount of earnings per week after tax.

Do you support someone financially? [ ]  Yes [ ]  No

Does anyone support you financially? [ ]  Yes [ ]  No

## 7. Benefit details

Do you have a Health Care Card? [ ]  Yes [ ]  No

Are you on a benefit?

[ ]  Yes CRN (Optional): Enter CRN no.

[ ]  No

What type of benefit do you receive? Benefit type:

[ ]  ABSTUDY

[ ]  Austudy

[ ]  Disability support pension

[ ]  Parenting payment

[ ]  Sickness allowance

[ ]  Veterans / war service

[ ]  Window B pension

[ ]  Youth allowance

[ ]  Age pension

[ ]  Carer’s benefit

[ ]  Newstart allowance

[ ]  Partner allowance

[ ]  Special allowance

[ ]  Widow allowance

[ ]  Wife pension

[ ]  Other: Enter other benefits

Do you receive the maximum rate of benefit? [ ]  Yes [ ]  No

## 8. Living arrangements

What are your usual living arrangements?

[ ]  Single

[ ]  Married

[ ]  Living with partner

[ ]  Separated from partner

[ ]  Married but separated

[ ]  Divorced

[ ]  Widowed

[ ]  Not applicable

## 9. Custody details: VLA use only

[ ]  Custody / Detention location: Enter custody / detention location.

Prison CRN: Enter prison CRN.

Date remanded into custody or detention: Enter date remanded.

Expected release date: Enter expected release date.

 Enter expected release date.

# LAWYER NOTES

#