| Type of ID | ID record |
| --- | --- |
| Primary ID | Enter ATLAS 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 |

# FAMILY LAW

Duty Lawyer Record

Court Attendance Record

Pre-court assistance

Post-court assistance

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

**Client family name:**  Enter client family name.

**Client date of birth:** Enter client DOB DD/MM/YYYY.

## Next action

**Next action**: Select next action.

**Next action details:** Enter details here.

## Duty lawyer assessment (mandatory before non-file service delivery)

**Party is:** Select party.

**Does this party or the** **other party** **have** **children**?  Yes  No

**Are there current orders / proceedings?** Select an item.

**Are there previous orders / proceedings?** Select an item.

**Is or was VLA conducting a related or same matter for the other party or children?**

Yes (refer this party)

## Identify EACH PERSON and CHILD in the same or related matters/proceedings and complete the conflict register.

**Conflict enquiry result:**

No conflict  Conflict  Info barrier secured (specify): Enter details.

**Name:** Enter conflict enquiry name. **Date of birth:** Enter DOB DD/MM/YYYY.

**Name:** Enter conflict enquiry name. **Date of birth:** Enter DOB DD/MM/YYYY.

**Name:** Enter conflict enquiry name. **Date of birth:** Enter DOB DD/MM/YYYY.

**Name:** Enter conflict enquiry name. **Date of birth:** Enter DOB DD/MM/YYYY.

**Name:** Enter conflict enquiry name. **Date of birth:** Enter DOB DD/MM/YYYY.

**Name:** Enter conflict enquiry name. **Date of birth:** Enter DOB DD/MM/YYYY.

## Service details

**Practitioner:** Enter practitioner name.

**Date:** Select service date. **Time:** Enter time.

**Referred from:** Enter referral details.

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

**Court:** Enter court details.

**Location:** Enter service location.

**Specialist family violence court?**  Yes  No

**Judge / magistrate / registrar:** Enter judge / magistrate / registrar name.

## Work type

**Work type:**  Select work type.

**If conference, specify:** Enter conference details.

**If other, specify:** Enter details.

## Matters and appearances

| Lawyer / barrister | Instructed by | Appearing for | Appearance type |
| --- | --- | --- | --- |
| Enter lawyer/barrister | Enter details. | Select person appearing for.  If other, specify: Enter details here. | Select appearance type.  If other, specify: Enter details here. |
| Enter lawyer/barrister | Enter details. | Select person appearing for.  If other, specify: Enter details here. | Select appearance type.  If other, specify: Enter details here. |
| Enter lawyer/barrister | Enter details. | ICL | Select appearance type.  If other, specify: Enter details here. |

Non-appearance outcome: Select non-appearance outcome.

### **Appearance outcome:** Select appearance outcome.

| Select primary matter | Matter type | Outcome notes | Adjourned date | Other legal or non-legal services referred to | Referral reason |
| --- | --- | --- | --- | --- | --- |
|  | Enter matter type. | Enter outcome notes. | Enter date DD/MM/YYYY. | Enter referral details. | |
|  | Enter matter type. | Enter outcome notes. | Enter date DD/MM/YYYY. |
|  | Enter matter type. | Enter outcome notes. | Enter date DD/MM/YYYY. |
|  | Enter matter type. | Enter outcome notes. | Enter date DD/MM/YYYY. |
|  | Enter matter type. | Enter outcome notes. | Enter date DD/MM/YYYY. |

## Influencing factor

Family violence – victim/survivor  Family violence – alleged perpetrator

Mental health  Ice

Alcohol  Drugs – other

COVID-19

## 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 is not required.

## 1. Personal details

**Title:** Select title.

**First name:** Enter client first 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:** Select gender.

**If self-described, specify details:** Enter gender description.

**Date of birth:** Enter client DOB DD/MM/YYYY.

**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 phone number.

**Other:** Enter other contact number.

## 3. Origin

**Are you an Australian citizen?**  Yes  No

**Country of birth:** Enter country of birth.

**Year of arrival:** Enter year of arrival.

**Are you of Aboriginal and/or Torres Strait Islander origin?** Select answer.

## 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?** Select answer.

**How well do you read English?** Select answer.

**Has anyone helped you to fill in this form?**  Yes  No

## 5. Disability and mental health

**Do you have a disability?**  Yes  No  Not stated (Go to Question 6)

**What kind of disability?**

Acquired brain injury  Chronic illness (e.g. cancer, chronic fatigue, diabetes)

Blind or vision-impaired  Cognitive (including intellectual disability)

Deafblind  Deaf or hearing-impaired

Developmental delay (children)  Learning difficulty (e.g. dyslexia)

Physical  Mental health issues (psychosocial)

Speech and sensory  Neurological (e.g. Alzheimer’s, Parkinson’s, multiple sclerosis)

Neurodiverse (e.g. autism spectrum disorder, attention deficit hyperactivity disorder)

Not disclosed  Other: Enter other disability.

## 6. Employment status

**What is your employment status?** Select employment status.

**If other, specify employment details:** Enter details.

**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

**If YES,**

**No. of dependants:** Enter number of dependants.

**No. of child support / maintenance:** Enter number of child support/maintenance.

**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 **Centrelink Customer Reference Number (Optional):** Enter Centrelink CRN

No

**What type of benefit do you receive? Benefit type:**

ABSTUDY  Austudy

Disability support pension  Parenting payment

Sickness allowance  Veterans / war service

Widow 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. Relationship status

**What’s your relationship status?** Select status.

## 9. Custody details: VLA use only

**Custody / Detention location:** Enter custody / detention location.

**Prison CRN:** Enter prison CRN.

**Date remanded into custody or detention:** Select date remanded.

**Expected release date:** Select expected release date.

# LAWYER NOTES

Enter lawyer notes.