| 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.