**REFERRAL FORM (LEGAL ADVICE)**

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| **Referring Organisation’s Details** | | |
| Family Name: | First Name: | |
| Agency Referring From: | | |
| Address: | | |
|  | Postcode: | |
| Contact Number: | | |
| Email: | | |
| **I confirm I have obtained the client’s permission to provide her personal information to Djinda Service (Women’s Legal Service WA).** | | |
| **Signature:** | | **Date:** |

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| **Client’s Details** (provide as much information as known) | |
| Family Name: | First Name(s): |
| Address: | |
|  | Postcode: |
| Contact Number(s): |  |
| Date of Birth: | Indigenous Status: |
| Income Scale/Source: | |
| Names and Dates of Birth of any Children: | |
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| **1. Other Party’s Details** (provide as much information as known) *(room for more OP details on next page)* | |
| Family Name: | First Name(s): |
| Address: | |
|  | Postcode: |
| Contact Number: | Date of Birth: |
| **2. Other Party’s Details** (provide as much information as known) | |
| Family Name: | First Name(s): |
| Address: | |
|  | Postcode: |
| Contact Number: | Date of Birth: |

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| **3. Other Party’s Details** (provide as much information as known) | |
| Family Name: | First Name(s): |
| Address: | |
|  | Postcode: |
| Contact Number: | Date of Birth: |

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| **Issue Details** | |
| Parenting Orders | Protection & Care (Child Protection) |
| Violence Restraining Order | Criminal Injuries Compensation |
| Other: | |
| Has the client previously seen a lawyer about this issue or lodged any previous applications? (provide details) | |
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| Summary of the Issue(s): (briefly explain the situation the client is in and what assistance they require) | |
|  | |

***\*Please email completed Referral Forms to djinda@wlswa.org.au***