

# REFERRAL FORM

The Women’s Legal Centre ACT is a specialist legal service based in Canberra, providing legal and non-legal support to Canberra’s most vulnerable women. We assist women in the areas of family law, domestic violence, employment and discrimination.

- Is the matter currently in Court?  Yes  No
- Is the client’s safety at risk now?  Yes  No
- If we need to contact the client, is it safe to?  call  email  mail  
 SMS  leave a voice message
- Interpreter required?  Yes  No Language: \_\_\_\_\_
- Does the client identify as:  Aboriginal  Torres Strait Islander
- Does the client identify as having a disability?  Yes  No Type: \_\_\_\_\_

## LEGAL SUPPORT REQUESTED

- Family Violence** - Getting, changing or understanding an FVO, advice about family violence.
- Legally informed Social Work Support**
- Child Protection** - Working with Child and Youth Protection Services.
- Family Law** - Splitting up, getting a divorce or separation. Parenting arrangements, where children live or who children spend time with. Property division after separation or divorce.
- Employment Law** - Dismissal or discrimination at work. Rights and safety at work. Wages. Bullying or harassment at work.
- Discrimination** - Being treated unfairly because of Aboriginality, race, gender, pregnancy, disability, sexual orientation or other characteristics.
- Victims of Crime** - Financial compensation and support for injury or loss or damage from violent crime.
- Referrals** – Providing referrals to sympathetic lawyers and other support services.

## BRIEF BACKGROUND OF THE LEGAL PROBLEM

CLIENT DETAILS		
First name	Last name	DOB
Phone	Email	Address
<b>Employment</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <b>Income Per Annum</b> <input type="checkbox"/> Nil <input type="checkbox"/> \$0 - \$52k <input type="checkbox"/> \$53 - \$85k <input type="checkbox"/> \$>86k <b>Centrelink Payment Type</b>		
Number of Dependent Children		Number of Other Dependents
OTHER PARTY DETAILS		
<i>(Who is the dispute with? E.g. Ex-Partner, Employer)</i>		
First name	Last name	
DOB	Gender	
Related party/Parties		
CLIENT CONSENT		
<input type="checkbox"/> Client gives permission for the information on this form to be provided to Women's Legal Centre ACT.		
DETAILS OF THE REFERRING WORKER		
Name of referring worker:	Name of referring service:	
Worker's contact details:	Worker role:	
Date:		