| 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

# 