



Care for community. Fight for justice.

LEGAL ADVICE REFERRAL FORM

COMMUNITY WORKER
HOTLINE: (02) 4353 0111

contact@centralcoastclc.org.au

REFERRING ORGANISATION

Organisation Name	<input type="text"/>	Date	<input type="text"/>
Staff Contact Name	<input type="text"/>	Position	<input type="text"/>
Your Phone Number	<input type="text"/>	Email	<input type="text"/>

CLIENT INFORMATION

Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
LAST NAME	<input type="text"/>		
Address	<input type="text"/>		
Ph Number	<input type="text"/>	Is it safe to leave a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER PEOPLE INVOLVED

Given Names	<input type="text"/>	Given Names	<input type="text"/>
LAST NAME	<input type="text"/>	LAST NAME	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Given Names	<input type="text"/>	Given Names	<input type="text"/>
LAST NAME	<input type="text"/>	LAST NAME	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>

CHILDREN'S INFORMATION

1. Name	<input type="text"/>	DOB	<input type="text"/>	3. Name	<input type="text"/>	DOB	<input type="text"/>
2. Name	<input type="text"/>	DOB	<input type="text"/>	4. Name	<input type="text"/>	DOB	<input type="text"/>

NOTES:

LEGAL PROBLEM TYPE

(Please tick any boxes that apply to the person you are referring)

<input type="checkbox"/>	Financial Hardship	Credit card debts, difficulty paying loans, debt collectors etc.
<input type="checkbox"/>	Violence	Domestic violence, physical/sexual assaults, victims of violence, AVOs
<input type="checkbox"/>	Victims of Crime	Victims support, Victims Services
<input type="checkbox"/>	Family or Relationship	Contact with children, mediation, parenting agreements, divorce
<input type="checkbox"/>	Discrimination or harassment	In employment, education, provision of goods and services, housing
<input type="checkbox"/>	Complaints	Against police, schools, government departments
<input type="checkbox"/>	Employment	Loss of employment, unfair dismissal, entitlements, bullying/harassment
<input type="checkbox"/>	Care & Protection	Issues with FaCS/DoCS, early intervention, care plans, kinship care, contact
<input type="checkbox"/>	Fines	Revenue NSW debts, other fines, Work & Development Orders (WDO)
<input type="checkbox"/>	Older Persons	Power of attorney, guardianship
<input type="checkbox"/>	Minor criminal offences	Traffic offences,
<input type="checkbox"/>	Car Accidents	Driving and accidents, property damage

REFERRAL SENT TO CCCLC

Referral sent to CCCLC by	<input type="checkbox"/> Email: contact@centralcoastclc.org.au (please use "LEGAL ADVICE REFFERAL" in subject line)
Date	<input type="text"/>
	<input type="checkbox"/> Fax: (02) 4353 4680