

LEGAL REFERRAL FORM – WOMEN’S LEGAL SERVICE QLD



Women's
Legal Service Qld

Women’s Legal Service is a specialist community legal centre providing free legal and social work services to Queensland women. We assist women in the areas of **family law, child support, domestic violence** and **child protection**.

If you have a client you would like to refer to us for legal advice on any of the above matters, please fill out the following form and return to referrals@wlsq.org.au and we will be in touch within 2-3 working days. If the legal matter is more urgent, please encourage your client to call our Helpline on 1800 957 957. This line is open Monday to Friday 9:00am-4:30pm.

WLSQ will provide alternative service or referral options to clients who cannot be assisted by WLSQ due to capacity or eligibility.

CONFIDENTIALITY *

Our discussions with clients are completely confidential. We cannot share information about a client's matter without their consent, however a legal duty to disclose may arise if a person is at immediate risk of physical harm, or if a child has been sexually abused.

- I confirm I have explained the confidentiality requirements to the client who has confirmed they understand and accept.

REFERRER DETAILS *

Organisation referring from:	
Referrer’s Name:	
Referrer’s Contact Number:	
Referrer’s Email Address:	

Have you advised the client that you are referring them to WLSQ? Yes No

Has the client confirmed their consent to WLSQ discussing their matter with the referral organisation including sharing information and / or relevant documents? Yes No

Please provide any details of the safety planning done, or whether ongoing support is being provided by the referring organisation:

CLIENT DETAILS *

Client’s full name (including any middle names): _____

Client’s gender and/or preferred pronouns: _____

Client’s date of birth (dd/mm/yyyy): _____

Has the client been known by any other names?: _____

Does the client currently have a legal aid lawyer, or private lawyer helping with this matter? Yes No

Does the client live in Queensland, or have a legal matter in Queensland?

- Yes, the client lives in Queensland
- Yes, the client's legal matter is in Queensland
- Yes, the client lives in Queensland and their legal matter is in Queensland
- No, the client does not live in Queensland and does not have a legal matter in Queensland

CLIENT CONTACT DETAILS*

Does the client consent to WLSQ contacting them directly? Yes No

Please confirm that it is SAFE to: Call SMS Voicemail Email

Please provide further details on the safe times / ways to contact the client:

Client's best contact number (if safe): _____

Client's best email address (if safe): _____

Does the client require an interpreter? Yes No Maybe

If so, which language?: _____

OTHER PARTY DETAILS*

Please list the **full names** (including **middle names** and **other legal names**) and **dates of birth** of **all** other parties involved in the matter.

The relationship of the other party to the client would also be helpful (i.e. are they an ex-partner, spouse etc).

If the other party is an ex-spouse or ex-partner please also include the following dates (if applicable and known):

Date parties started living together:	
Date of marriage:	
Date of separation:	
Date of divorce:	

LEGAL MATTER*

What legal issue/s is the client seeking advice on? (please tick all that apply on the following page)

- | | |
|---|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Property Settlement | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Separation | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Child Safety | <input type="checkbox"/> Child/ Spousal Maintenance |
| <input type="checkbox"/> Sexual Assault – Counselling Notes Protect | <input type="checkbox"/> Other: _____ |

Please use this field to provide a brief description of the legal issue:

Please include the legal questions the client has, brief details of any current orders, agreements or legal documents in place, any DV history and safety concerns.

If the matter involves children – please details the number of children involved, their ages and who they are currently living with.

Are there any upcoming court dates or due dates? (please specify): _____

OTHER DETAILS:

This section is optional, but the more detail you provide, the better WLSQ will be able to assist in providing the most relevant information, referrals and timely advice.

What is the client's street address?: _____

Please include house / unit number and postcode is possible. If it is unsafe to share the client's address, it would still be helpful to know what area the client is located

Is housing stability an issue for the client? Yes No At risk Unsure

Is the safety of the client, or their children at risk?

- Yes, client's safety is at risk
- Yes, child's safety is at risk
- Yes, both client and child's safety is at risk
- No
- Unsure

Country of birth?: _____

If not Australia, please also include the year the client moved to Australia and their current visa or residency status (if known)

What is the main language spoken at home?: _____

Is the client of Aboriginal and/or Torres Strait Islander origin?

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Neither Aboriginal nor Torres Strait Islander
- Unknown / Prefer not to say

Does the client identify as having any disabilities?: Yes No Unknown / Prefer not to say

If yes, disability type: _____

What is the client's main source of income?: Paid employment Centrelink Other

What is the client's average weekly or yearly income?: _____

CONFIRMATION OF SUBMISSION:

After you have submitted this referral form to referrals@wlsq.org.au, the information you have provided will be sent to our referral team. The team will then be in touch within 2-3 working days.

If the legal matter is more urgent, please encourage your client to call our Helpline on 1800 957 957. This line is open from Monday to Friday from 9am-4:30pm.

If you have any further questions, please get in touch with our team via the email above.

Thank you for your referral.
