



CLC Standardised Referral Form (PCLS)

Please complete the orange information as a minimum.

1. Urgency

Do you consider this referral urgent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the client experiencing, or at risk of homelessness, because of this issue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the client (or any of their children) experiencing, or at risk of serious family violence, because of this issue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any court or other serious deadlines occurring within the next week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, please describe:	
Are there any other reasons why you consider this matter urgent? Please detail.		

2. The Referring Agency

Name Referring Agency	[If used as an outgoing template, these details could be pre-filled by each CLC and saved].	
Name Referring Staff Member		
Referring Agency Address		
Preferred Contact Number		
Preferred Email for future Communication		
Have you obtained the client's permission to release personal information to our CLC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date Consent obtained?	
Have you obtained the client's permission for our centre to release information to your organisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If able, please attach copy signed consent.	



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Subject to client consent, do you wish to receive notification that:		
- Your referral has been received	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Your referral has or has not been accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Client's Personal Details

Family Name	
Given Name/s	
Previous Names/Aliases	
DOB	
Preferred Contact Number	
Address	
Postcode	
Preferred Email	

4. Safely Communicating with the Client

Have you conducted a Safety Assessment with the Client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is it safe to contact the client by:		
- Telephoning from a listed number	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Telephoning from a private number	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- SMS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Leaving a Voicemail	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Sending an email	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Sending a letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the client need an interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, which language?	
Are there any days/times the client prefers regarding communication?		
Anything else we should consider when communicating with this client?		



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5. Client's Additional Information

What is the client's personal income per week?	Choose an item.	
Please include the name and DOB of any of the client's children.	Name	DOB
Does the client have a disability? Is there anything else we should know about the client's disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the client previously engaged a lawyer? Name/ Organisation of previous lawyer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Other Party's Details

Family Name		
Given Name/s		
Previous Names/Aliases		
DOB		
Relationship to Client		
Address		
Postcode		
Email		
Does OP have legal representation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If OP represented, please provide the following information (if known)	Name	
	Organisation	
	Contact Number	

If there is more than one OP, please copy and paste above table, completing with details for each known OP.



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7. About the Legal Matter/s

Please indicate whether client's matter falls within any of the below categories.

<input type="checkbox"/> Cars and Driving	<input type="checkbox"/> Child Protection	<input type="checkbox"/> Employment	<input type="checkbox"/> Family Law- Parenting
<input type="checkbox"/> Family Law Property	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Wills/ EPAs	<input type="checkbox"/> Guardianship/ Administration
<input type="checkbox"/> Tenancy	<input type="checkbox"/> Minor Civil	<input type="checkbox"/> Consumer Credit	<input type="checkbox"/> Minor Criminal
<input type="checkbox"/> Mental Health Act	<input type="checkbox"/> CIC/ Institutional Abuse	<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Identification Documents
<input type="checkbox"/> Social Security	<input type="checkbox"/> Human Rights/ Discrimination	<input type="checkbox"/> Immigration	<input type="checkbox"/> Other (Please describe below).

Please provide a brief description, noting any previous court processes and/or significant issues relating to these matters.

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Briefly describe the assistance client requires and/or tick relevant boxes.

<input type="checkbox"/> Advice <input type="checkbox"/> Assistance Drafting Documents <input type="checkbox"/> Representation in Court/Tribunal <input type="checkbox"/> Unknown	<input type="checkbox"/> Other (Please Describe)
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8. Anything Else

Please detail anything else we should know.

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As appropriate, have you attached signed client consent to exchange information?

Yes

No

Please send this form to admin@pcls.net.au