

# Application

for legal aid

Use this form to apply for **legal aid** in **New South Wales**

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## For help to fill out this form

- call LawAccess NSW on **1300 888 529**  
or
  - speak to our staff at a Legal Aid NSW  
office (*listed on the back of this form*).
- 



If you are deaf or have a hearing or speech impairment, call the **NRS on 133 677**.



If you need an interpreter, call the Translating and Interpreting Service (TIS) on **13 14 50**. They can arrange an interpreter to call **LawAccess NSW or Legal Aid NSW**.

### Office use only

Client ID

File ID

CASES Number

Matter type

Criminal  Family  Civil

### How can Legal Aid NSW help me?

#### Help over the phone

Call LawAccess NSW on **1300 888 529**. LawAccess NSW is a free government service that provides legal information and referrals for people who have a legal problem in NSW.

If you are under 18 and need advice about a criminal law problem, or think you might be in trouble with the police you can call the Youth Hotline on **1800 10 18 10**.

#### Free legal advice

Legal Aid NSW provides free advice to disadvantaged people about legal issues affecting them. Legal advice is usually limited to 20 minutes. Call LawAccess NSW on **1300 888 529**.

#### Help at court

If you need ongoing legal help from a solicitor, you need to apply for a grant of legal aid and fill in this application form or contact a private solicitor to complete an online application.

A grant of legal aid provides you with legal representation in court by a solicitor who works for Legal Aid NSW or a private solicitor paid for by Legal Aid NSW.

Legal Aid NSW provides legal assistance for many criminal, family and civil matters. However, we do not provide legal aid for every legal problem.

#### How do I get a grant of legal aid?

Our policies explain the types of matters where legal aid is available and who is eligible for legal aid.

We look at:

- what you want legal assistance for
- whether it is reasonable in all the circumstances to grant legal aid (called a merit test)
- what you earn and what you own (called a means test).



To see if you are likely to pass the means test, use the Means Test Indicator at [www.legalaid.nsw.gov.au](http://www.legalaid.nsw.gov.au)

For more information about our policies check out our *A-Z guide to policies or Policy Online* at [www.legalaid.nsw.gov.au](http://www.legalaid.nsw.gov.au)



If legal aid is available for your type of matter and you think you are eligible for legal aid, you must complete this application form and send supporting documentation.

### Who can help me fill out the application form?

- LawAccess NSW on **1300 888 529**;
- Legal Aid NSW staff (by appointment or at an advice clinic); or
- a private solicitor (you may need to pay for this service)

### How do I know if I've been granted legal aid?

After you send us your completed application form, we will send you a letter telling you:

- if you have been granted legal aid
- what the grant is for
- any conditions you must meet to get legal aid.

### What if I'm not satisfied with the decision?

In most matters, if you do not agree with the decision either because you have been refused legal aid or because you do not agree with the conditions, you can apply to have the decision reviewed by an independent committee called the Legal Aid Review Committee. Generally you will need to lodge your appeal within 28 days.

### Is legal aid free?

No. A grant of legal aid is not free. You will usually be asked to pay:

- some money towards your legal costs at the start of your case
- some or all of your legal costs at the end of your case.

### What if my circumstances change?

You must tell us immediately if:

- you change your address
- your financial details or other details change
- you become aware of information likely to affect your eligibility for legal aid
- you want to change your solicitor. You cannot change your solicitor without our agreement.

### Need more info about Legal Aid NSW?


Visit our website at [www.legalaid.nsw.gov.au](http://www.legalaid.nsw.gov.au) or contact your nearest Legal Aid NSW office.

### FILLING IN THIS FORM

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or ✗
- Where you see a box like this  Go to 5 skip to the question number shown. You do not need to answer the questions in between

- 1 You should seek legal advice before applying for legal aid.
- Call LawAccess NSW on **1300 888 529**;
  - Speak to a private solicitor who may then lodge an online application on your behalf;
  - Speak to a Legal Aid NSW solicitor at one of our offices.

Have you sought legal advice about your legal problem?

No   You should seek legal advice before applying for legal aid.

Yes  Go to next question

- 2 What type of legal matter is this application for?

Criminal  Family  Civil  Don't know

- 3 Your name

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Last name

- 4 Have you ever used or been known by any **other name**?

No  Go to next question

Yes  What is your other name?

- 5 Gender

Male  Female  Other

- 6 Your date of birth

- 7 What is your **current** relationship status?

Single  De facto   
Married  Separated   
Divorced  Widowed

- 8 Your **contact details**

Mobile phone number

Tick this box if it is **not safe** for us to send you text messages

Other phone number

Email address

Residential address

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Postcode

Postal address, if different to your residential address

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Postcode

Are you homeless or in temporary accommodation?

No  Yes

- 9 Can we communicate with a **family member** or **support person**?

You can give us permission to communicate with another person about your application for legal aid and/or your grant of legal aid.

No  Go to next question

Yes  Give details below

Name of the person we can communicate with

Mobile phone number

Other phone number

- 10 Are you in **custody/detention**?

No  Go to next question

Yes  Give details below

Location

Corrective Services MIN number

- 11 Police reference number (CNI number) (if applicable)

- 12 Current NSW driver's licence number

## Additional questions

**13** How did you find out about Legal Aid NSW e.g. internet, court, counsellor, friends, etc?

**14** Were you born in another country?

No  **Go to next question**

Yes  Give details below

Which country were you born in?

What year did you arrive in Australia?

**15** Do you speak a language other than English at home?

No  **Go to 17**

Yes  Which language do you speak at home?

**16** Do you need an interpreter?

No  **Go to next question**

Yes  Which language do you need an interpreter for?

**17** Are you of Aboriginal or Torres Strait Islander descent?

If you are of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes.

No	<input type="checkbox"/>
Yes – Aboriginal	<input type="checkbox"/>
Yes – Torres Strait Islander	<input type="checkbox"/>

**18** Do you have a disability?

No  **Go to 20**

Yes  What is your disability? (Mark all that apply)

Acquired brain injury	<input type="checkbox"/>
Autism spectrum	<input type="checkbox"/>
Chronic health condition	<input type="checkbox"/>
Cognitive/intellectual	<input type="checkbox"/>
Hearing/speech impairment	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>
Physical impairment	<input type="checkbox"/>
Vision impairment	<input type="checkbox"/>
Other	<input type="checkbox"/> <b>Give details</b>

**19** What type of disability support do you need from us?

None	<input type="checkbox"/>
Auslan interpreter	<input type="checkbox"/>
Hearing loop	<input type="checkbox"/>
Wheelchair access	<input type="checkbox"/>
Large print documents	<input type="checkbox"/>
Other	<input type="checkbox"/> <b>Give details</b>

**20** Are you a participant in the National Disability Insurance Scheme (NDIS)?

No

Yes


**21** Are you currently experiencing or at risk of family violence (including from a former relationship)?

No

Yes

## Financial details

**22** Have you used the Means Test Indicator at [www.legalaid.nsw.gov.au](http://www.legalaid.nsw.gov.au) to see if you are likely to pass the means test?

No   You could use the Means Test Indicator at [www.legalaid.nsw.gov.au](http://www.legalaid.nsw.gov.au) to see if you are likely to pass the means test.

Yes  **Go to next question**

**23** Are you currently **employed**?

No  **Go to next question**

Yes  What is the basis of your employment?

Full-time	<input type="checkbox"/>	Casual	<input type="checkbox"/>
Part-time	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>

**24** Do **you** currently receive a Centrelink or Department of Veterans' Affairs benefit or pension?

No  **Go to 27**

Yes  Give details below

Which benefit or pension do you currently receive e.g. JobSeeker Payment or Disability Support Pension?

Do you receive the maximum payment?

No  Yes  Don't know

How much do you receive from Centrelink or the Department of Veterans' Affairs

\$  **▶** Weekly  Fortnightly

 Attach your Income Statement from Centrelink or a statement from the Department of Veterans' Affairs.

**25** Is your Centrelink benefit **currently** suspended because of a lump sum payment?

A lump sum payment could be a compensation payment, a superannuation payment or a retrenchment payment.

No  Go to next question

Yes  Give details below

How much of your benefit was suspended?

\$

Date suspension started

DD / MM / YYYY

Date suspension finishes

DD / MM / YYYY

What type of lump sum payment did you receive?

Amount paid

\$

Date paid

DD / MM / YYYY

**26** Do you agree to Legal Aid NSW checking the details of your benefit or pension with Centrelink?

**Note:** Agreeing to this will not affect your Centrelink benefit or pension.

No  Go to next question

Yes  Complete the Centrelink consent below

#### Centrelink consent

This consent will be used for the sole purpose of authorising the Australian Government agency, Services Australia (Centrelink) to provide information to Legal Aid NSW to assess your eligibility in relation to services provided by Legal Aid NSW.

I authorise Centrelink to electronically provide a statement of information to Legal Aid NSW to assist in the assessment of my entitlement to services from Legal Aid NSW.

- I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address.
- I understand that this authority, once signed, is effective only for the period I am a client of Legal Aid NSW.
- I understand that this authority, which is ongoing, can be revoked at any time by giving notice to Legal Aid NSW.
- I understand that I will be able to obtain a written copy of the statements at any time from either Legal Aid NSW or Centrelink.

For more details about Centrelink Confirmation eServices, go to [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Your Centrelink Customer Reference Number (if known)

- - -

Your signature



Date

DD / MM / YYYY

**27** Is there **anyone** e.g. a spouse, partner or relative who gives you financial help or could assist you financially?

No  Go to 29

Yes  Give details below

What is the full name of this person?

What is your relationship to this person?

**28** Does the person named in **Question 27** currently receive a Centrelink or Department of Veterans' Affairs benefit or pension?

No  Go to next question

Yes  Give details below

Which benefit or pension does this person receive e.g. JobSeeker Payment or Disability Support Pension?

Does this person receive the maximum payment?

No  Yes  Don't know

How much does this person receive from Centrelink or the Department of Veterans' Affairs

\$ Weekly  Fortnightly

Attach an Income Statement from Centrelink or statement from the Department of Veterans' Affairs for this person.

**29** Do you pay child support for any children not living with you?

No  Go to 30

Yes  Give details below

How many children do you pay for?

Total amount of child support paid

\$ Weekly  Fortnightly

**30** Do you or a person who could give you financial help have any **dependants**?

A dependant is someone who usually relies on you for financial support e.g. your spouse, partner or child.

No  Go to next question

Yes  Give details of all dependants

First name	Last name	Date of birth	Relationship to you	Living with you?
1.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>
2.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>
3.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>
4.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>
5.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>
6.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>

If there are more than 6 dependants, give details in the space provided on page 15.

**Your income**

**31** Do you or a person who could give you financial help, receive a **wage or salary**?

No  Go to next question

Yes  Give details of the income received below

	You	Other person
Period	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>
Net wage/salary (after tax)	\$	\$

Attach copies of last 3 payslips or a letter from your employer showing the weekly income and tax paid for you and any person who could give you financial help.

**32** Do you or a person who could give you financial help, get any **other income or benefit**?

No  Go to next question

Yes  Give details of the other income or benefit below

	You	Other person
Period	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>
Child support	\$	\$
Interest from investments	\$	\$
Board/Rent	\$	\$
Superannuation	\$	\$
Income from a trust	\$	\$
Worker's compensation	\$	\$
Other income	\$	\$

**33** Are you or a person who could give you financial help, either self-employed, a farmer or a business owner?

No  Go to next question

Yes  Give details of the income earned below

	You	Other person
Period	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>
Income	\$	\$

Attach copies of the last income tax return and the financial statements of the business or farm for you and any person who could give you financial help.

**Your expenses**

**34** Give details of the **expenses** paid by yourself and any person who could give you financial help.

	You	Other person
Period	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>
Rent	\$	\$
Mortgage	\$	\$
Board	\$	\$
Rates	\$	\$
Child care fees	\$	\$
Child support	\$	\$
Loans	\$	\$
Other debts	\$	\$

Mark this box if you don't have any expenses

## Your assets

- 35** Do you or a person who could give you financial help, **own the home where you are currently living** (including a home you are paying off)?

No  **Go to 38**

Yes  Give details below

Address of the home you are currently living in (write 'as above' if the same as your residential address in **Question 8**)

<i>Postcode</i>

How much would the home sell for?

\$
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Mortgage or amount still owing on the home

\$
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- 36** If you are aged **65 years or older**, (**55 years or older if you are of Aboriginal or Torres Strait Islander descent**), have you lived in your home for 5 years or more?

No  **Go to next question**

Yes  **Go to 38**

- 37** Have you had to move out of your home or buy another home because of a disability or health problem?

No

Yes

- 38** Do you or a person who could give you financial help own any **other real estate** (i.e. an investment property) in Australia or elsewhere (including real estate you are paying off)?

No  **Go to next question**

Yes  Give details below

Address of the other real estate

<i>Postcode</i>

How much would the other real estate sell for?

\$
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Mortgage or amount still owing on the other real estate

\$
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- 39** Do you or a person who could give you financial help own a **farm or business**?

No  **Go to next question**

Yes  Give details below

Address of farm or business

<i>Postcode</i>

How much would the farm or business sell for?

\$
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Mortgage or amount still owing on the farm or business

\$
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- 40** Do you or a person who could give you financial help, own any **motor vehicles** (including motor vehicles you are paying off)?

No  **Go to next question**

Yes  Give details below


Year	Make/Model	Market value	Money owing
		\$	\$
		\$	\$
		\$	\$

- 41** Do you or a person who could give you financial help, have a **bank account** in Australia or elsewhere?

No  **Go to next question**

Yes  Give details below

Bank name	Account number	Amount
		\$
		\$
		\$
		\$

 Attach statements for the last 3 months for all accounts from these financial institution(s) for you and any person who could give you financial help.

- 42** Do you or a person who could give you financial help own **anything else of value** in Australia or elsewhere e.g. boats, caravans or shares?

No  **Go to 43**

Yes  Give details below

Description of item	Value
	\$
	\$
	\$

**43** Do you have any other special **financial reasons** that we need to consider when making a decision about your application e.g. expenses because of a disability, personal debts etc?

No  **Go to next question**

Yes  **Give details**

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**About your legal problem**

**44** Did you start the legal action for which you are applying for legal aid?

No

Yes

**45** Are there **current court/tribunal proceedings**?

No  **Go to next question**

Yes  **Give details below**

Next court/tribunal date

DD / MM / YYYY

Court/tribunal reference number

.....

Court/tribunal name

.....

Court/tribunal location (suburb or town)

.....

 Attach copies of relevant court documents.

**46** Are you applying for legal aid for an **appeal** against a decision of a court or tribunal?

No  **Go to 48**

Yes  **In the appeal, are you the appellant or respondent?**

Appellant  Respondent

**47** Are you applying for legal aid for a **criminal appeal**?

No  **Go to next question**

Yes  **What type of appeal is it?**

Sentence  Conviction  Sentence and conviction

**48** Do you have a solicitor that you want to represent you and who will agree to accept a grant of legal aid (if it is made)?

No  **Go to next question**

Yes  **Give details below**

Don't know

Solicitor's name

.....

Firm name

.....

Address

.....

*Postcode*

Phone number

.....

**49** Have legal fees **previously** been paid to a solicitor or barrister for this matter by you or on your behalf?

No  **Go to 50**

Yes  **Give details below**

Who paid the fees?

.....

Who did you pay the fees to?

.....

How much was paid?

\$ .....



**50 Tell us about your legal problem and the legal action you want to take or respond to.**

Include:

- what you want legal aid for
- what happened
- what the legal problem is
- who is involved and how they are involved
- how and when the legal problem started
- what has happened since then



Attach copies of legal, medical or other documents that you think would assist your application

A large rectangular area with horizontal dashed lines for writing.

**51** Can you give details of the **other party(ies) in the matter?**

No  Go to next question

Yes  Give details below

For **family** and **civil** law matters, provide details of the other person(s) or organisation with whom you are in dispute.  
For **criminal** matters, provide details of any other person who has been charged with you (i.e. the co-accused).

<p><b>1</b> Details of the other party or co-accused (if known)</p> <p>What is your relationship to this party e.g. partner, employee? <input type="text"/></p> <p>Full name <input type="text"/></p> <p>Address <input type="text"/> <small>Postcode</small></p> <p>Phone number <input type="text"/>      Date of birth <input type="text"/> <small>DD / MM / YYYY</small></p> <p><b>Details of the other party/co-accused's solicitor (if known)</b></p> <p>Solicitor's name <input type="text"/></p> <p>Firm name <input type="text"/></p> <p>Address <input type="text"/> <small>Postcode</small></p> <p>Phone number <input type="text"/></p>	<p><b>2</b> Details of the other party or co-accused (if known)</p> <p>What is your relationship to this party e.g. partner, employee? <input type="text"/></p> <p>Full name <input type="text"/></p> <p>Address <input type="text"/> <small>Postcode</small></p> <p>Phone number <input type="text"/>      Date of birth <input type="text"/> <small>DD / MM / YYYY</small></p> <p><b>Details of the other party/co-accused's solicitor (if known)</b></p> <p>Solicitor's name <input type="text"/></p> <p>Firm name <input type="text"/></p> <p>Address <input type="text"/> <small>Postcode</small></p> <p>Phone number <input type="text"/></p>
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 If there are more than 2 other parties or co-accused, give details in the space provided on page 15.

**52** Please tell us about any **exceptional circumstances** that you want us to consider when making a decision about your application.

In some cases, legal aid may be granted to people who have exceptional circumstances. For example, you may have a serious illness or disability which may make it harder for you to present your case without legal representation.

 Attach copies of any relevant documents, e.g. medical reports

## Criminal Law matters only

**Complete this section only if you have a criminal law matter**

**53** Do you want legal aid because you have been charged with a criminal offence?

No  **Go to 59 – You do not need to answer questions 54 to 58**

Yes  Give details of the charge(s)

Date charged	Description of charge	Criminal charge reference number	How do you want to plead?
DD / MM / YY		H	Guilty <input type="checkbox"/> Not guilty <input type="checkbox"/> Not sure yet <input type="checkbox"/>
DD / MM / YY		H	Guilty <input type="checkbox"/> Not guilty <input type="checkbox"/> Not sure yet <input type="checkbox"/>
DD / MM / YY		H	Guilty <input type="checkbox"/> Not guilty <input type="checkbox"/> Not sure yet <input type="checkbox"/>
DD / MM / YY		H	Guilty <input type="checkbox"/> Not guilty <input type="checkbox"/> Not sure yet <input type="checkbox"/>
DD / MM / YY		H	Guilty <input type="checkbox"/> Not guilty <input type="checkbox"/> Not sure yet <input type="checkbox"/>



Attach a copy of your charge sheet or court attendance notice (if available)

**54** Have you already pleaded guilty in court to the charge(s)?

No

Yes

Not sure

**55** Have you been committed for trial/sentence (if applicable)?

No

Yes

Not sure

**56** Do you want legal aid for a Supreme Court bail application?

No  **Go to 58**

Yes  *Go to next question*

**57** Have you already applied for bail?

No  *Go to next question*

Yes  Give details below

When did you apply for bail?

DD / MM / YYYY

In which court did you apply for bail?

What was the result?

**58** Has any of your property been taken or restrained under a proceeds of crime order?

No  **Go to 72 – You do not need to answer questions 59 to 71**

Yes



Attach a copy of the proceeds of crime order.

**Go to 72**

# Family Law and Care and Protection matters only

Complete this section only if you have a family law or care and protection matter

**59** Are you applying for legal aid for a family law or care and protection matter?

No  **Go to 72 – You do not need to answer questions 60 to 71**

Yes  *Go to next question*

**60** Does your matter involve applications or orders affecting children?

No  *Go to next question*

Yes  Give details of the children affected

First name	Last name	Date of birth	Relationship to you	Living with you?
1.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>
2.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>
3.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>
4.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>
5.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>
6.		DD / MM / YY		No <input type="checkbox"/> Yes <input type="checkbox"/>



If there are more than 6 dependants, give details in the space provided on page 15.

**61** Are there any current court orders about the family law or care and protection matter (including apprehended domestic violence orders, Children’s Court orders or Family Court orders)?

No  *Go to next question*

Yes  Give details below

Name of court/tribunal that made the order

Date on which the order was made

Briefly tell us what the orders say

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Attach a copy of the current orders.

**62** Does your matter involve Community Services (formerly known as DoCS)?

No  **Go to 65**

Yes  *Go to next question*

**63** Have your children been removed by Community Services?

No  **Go to 65**

Yes  When were the children removed by Community Services?

**64** Were the children living with you when they were removed?

No  Give details of your involvement with the children

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Yes  **Go to 65**

**Family Law and Care and Protection matters only *continued***

**65** Does your family law matter involve property?

No  **Go to 67**

Yes  Give details of the property involved

Description of Property / Property address	Market value	Money owing
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

**66** Do you intend to sell the property(ies)?

No  **Go to next question**

Yes  How do you intend to distribute the funds from the sale of the property(ies)?

.....

.....

**67** Were you married or in a de facto relationship to the person you are in dispute with?

No  **Go to next question**

Yes  Give details below

Date you were married/  
relationship started

DD / MM / YYYY

Date separated


DD / MM / YYYY

Date divorced (if applicable)

DD / MM / YYYY

**68** Have you attended family dispute resolution?

No  **Go to 70**

Yes   Attach a copy of the certificate/waiver you were given (if available).

**69** Did you attend family dispute resolution at Legal Aid NSW?

No


Yes

**70** Has an apprehended domestic violence order been made for you?

No  **Go to next question**

Yes  What type of apprehended domestic violence order has been made for you?

Interim  Final

 Attach a copy of the apprehended domestic violence order.

**71** Has an apprehended domestic violence order been made for the protection of any **children**?

No  **Go to next question**

Yes  What type of apprehended domestic violence order has been made for the children?

Interim  Final

What part did you play in getting the apprehended domestic violence order made for the children?

Applicant  Defendant  Not a party

 Attach a copy of the apprehended domestic violence order.

**Safety concerns**

**72** Safety concerns

Do you fear for your safety?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Give details below
Do you fear for the safety of your children?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Give details below
Are there any current investigations about child abuse?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Give details below

If you fear for your safety or the safety of your children, tell us why you are afraid.

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## Checklist

### 73 Checklist

Make sure that you attach copies of the following documents:

#### Financial documents

<input type="checkbox"/>	Centrelink Statement of Benefit (if you are receiving a Centrelink pension and you did not sign the Consent in question 28) or a statement from the Department of Veterans' Affairs ( <i>If you answered Yes at <b>Question 24</b> and/or <b>Question 28</b></i> )
<input type="checkbox"/>	Last 3 months bank statements for all accounts (ATM receipts are not sufficient) ( <i>if you answered Yes at <b>Question 41</b></i> )
<input type="checkbox"/>	3 most recent payslips or a letter from your employer showing your weekly income and tax paid ( <i>if you are employed</i> ) ( <i>if you answered Yes at <b>Question 31</b></i> )
<input type="checkbox"/>	Last tax return and financial statements for your business or farm (if you are self employed) ( <i>if you answered Yes at <b>Question 33</b></i> )

**You MUST also provide copies of the documentation listed above for any person who could give you financial help.**

#### Criminal law documents

<input type="checkbox"/>	Copy of charge sheet or court attendance notice ( <i>If you answered Yes at <b>Question 53</b></i> )
<input type="checkbox"/>	Copy of proceeds of crime order ( <i>If you answered Yes at <b>Question 58</b></i> )

#### Family law documents

<input type="checkbox"/>	Copy of any current court orders ( <i>If you answered Yes at <b>Question 61</b></i> )
<input type="checkbox"/>	Copy of the family dispute resolution certificate/waiver ( <i>If you answered Yes at <b>Question 68</b></i> )
<input type="checkbox"/>	Copy of Apprehended Domestic Violence Order (ADVO) ( <i>If you answered Yes at <b>Question 70</b> or <b>Question 71</b></i> )

#### Other documents

<input type="checkbox"/>	Attach copies of any other relevant legal, medical or other documents that you think would assist your application ( <i>See <b>Questions 50</b> and <b>52</b></i> )
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#### Signature

<input type="checkbox"/>	Sign the Centrelink Consent (if applicable) ( <i>See <b>Question 26</b></i> )
<input type="checkbox"/>	Sign the Declaration ( <i>See <b>Question 74</b></i> )

## Declaration and Privacy

### 74 Declaration and Privacy

I understand it is an offence to give false or misleading information.

I declare that to the best of my knowledge the information I have given is true and correct.

I understand that Legal Aid NSW collects my personal information to provide me with a legal service, ensure accountability for the assistance it provides and to plan and report on their services.

I understand this information is used and stored by in accordance with NSW Privacy legislation and I can access further information about the Legal Aid NSW Privacy Policy at [www.legalaid.nsw.gov.au](http://www.legalaid.nsw.gov.au) or call (02) 9219 5000.


#### Your signature


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Date

DD / MM / YYYY
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### 75 Where do I send this form?

 Make sure that you have completed the checklist and attach all relevant documents.
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#### In person:

You can hand the form in at any Legal Aid NSW office listed on the back page of this form.

#### Post:

Legal Aid NSW  
Grants Division  
PO Box K847  
HAYMARKET NSW 1240

#### Fax:

(02) 9219 5533



**Central Sydney**

Ground Floor  
323 Castlereagh Street  
SYDNEY NSW 2000  
PO Box K847  
HAYMARKET NSW 1240  
Tel: (02) 9219 5000  
Fax: (02) 9219 5724  
TTY: (02) 9219 5126

**Mental Health  
Advocacy Service**

Tel: (02) 9745 4277  
Fax: (02) 8208 7284

**Veterans' Advocacy Service**

Tel: (02) 9219 5148  
Fax: (02) 9219 5145

**Albury**

Suite 2, Level 1  
530 Swift Street  
ALBURY NSW 2640  
PO Box 421  
ALBURY NSW 2640  
Tel: (02) 6020 7200  
Fax: (02) 6041 1570

**Bankstown**

Level 7, Civic Tower  
66-72 Rickard Road  
BANKSTOWN NSW 2200  
Tel: (02) 9707 4555  
Fax: (02) 9708 6505

**Blacktown**

Suites 36 & 37, Level 2  
Kildare Court  
13-17 Kildare Road  
BLACKTOWN NSW 2148  
PO Box 1023  
BLACKTOWN NSW 2148  
Tel: (02) 9621 4800  
Fax: (02) 9831 5597

**Broken Hill**

2/32 Sulphide Street  
BROKEN HILL NSW 2280  
PO Box 286  
BROKEN HILL NSW 2280  
Tel: 02 8004 9600

**Burwood**

Level 4, 74-76 Burwood Road  
BURWOOD NSW 2134  
PO Box 1350  
BURWOOD NSW 1805  
Tel: (02) 9747 6155  
Fax: (02) 9744 6936  
TTY: (02) 9747 0214

**Campbelltown**

63 Queen Street  
CAMPBELLTOWN NSW 2560  
PO Box 1113  
CAMPBELLTOWN NSW 2560  
Tel: (02) 4628 2922  
Fax: (02) 4628 1192

**Coffs Harbour**

41 Little Street  
COFFS HARBOUR NSW 2450  
PO Box 15  
COFFS HARBOUR NSW 2450  
Tel: (02) 6651 7899  
Fax: (02) 6651 7897

**Dubbo**

64 Talbragar Street  
DUBBO NSW 2830  
PO Box 460  
DUBBO NSW 2830  
Tel: (02) 6885 4233  
Fax: (02) 6885 4240

**Fairfield**

Suite 1, Level 2  
25 Smart Street  
FAIRFIELD NSW 2165  
PO Box 804  
FAIRFIELD NSW 1860  
Tel: (02) 9727 3777  
Fax: (02) 9724 7605

**Refugee Service**

Tel: (02) 8713 6725  
Fax: (02) 9708 6505

**Gosford**

Ground Floor  
92-100 Donnison Street  
GOSFORD NSW 2250  
PO Box 517  
GOSFORD NSW 2250  
Tel: (02) 4324 5611  
Fax: (02) 4324 3503

**Lismore**

Level 5, Westlawn Building  
29 Molesworth Street  
LISMORE NSW 2480  
PO Box 116  
LISMORE NSW 2480  
Tel: (02) 6621 2082  
Fax: (02) 6621 9874

**Liverpool**

Level 4, Interdell Centre  
47 Scott Street  
LIVERPOOL NSW 2170  
PO Box 44  
LIVERPOOL NSW 1871  
Tel: (02) 9601 1200  
Fax: (02) 9601 2249

**Newcastle (Civil & Family Law)**

Level 2  
51-55 Bolton Street  
NEWCASTLE NSW 2300  
PO Box 848  
NEWCASTLE NSW 2300  
Tel: (02) 4929 5482  
Fax: (02) 4929 3347

**Newcastle (Criminal Law)**

Level 3  
400 Hunter Street  
NEWCASTLE NSW 2300  
Tel: (02) 4929 5482  
Fax: (02) 4929 3347

**Nowra**

Level 2  
59 Berry Street  
NOWRA NSW 2541  
PO Box 1407  
NOWRA NSW 2541  
Tel: (02) 4422 4351  
Fax: (02) 4422 4340

**Orange**

Suite 4  
95 Byng Street,  
ORANGE NSW 2800  
PO Box 336  
ORANGE NSW 2800  
Tel: (02) 6362 8022  
Fax: (02) 6361 3983

**Parramatta****Civil and Family Law and  
Child Support Service**

Level 4  
128 Marsden Street  
PARRAMATTA NSW 2150  
PO Box 165  
PARRAMATTA NSW 2150

**Civil and Family Law**

Tel: (02) 9891 1600  
Fax: (02) 9689 1082

**Child Support Service**

Tel: (02) 9633 9916 or  
1800 451 784 for regional callers  
Fax: (02) 9689 1082

**Parramatta Justice Precinct****Criminal Law,  
Children's Legal Service and  
Prisoners Legal Service**

Level 1  
160 Marsden Street  
PARRAMATTA NSW 2150  
PO Box 695  
PARRAMATTA NSW 2150

**Criminal Law**

Tel: (02) 9066 6000  
Fax: (02) 9066 6002  
TTY: (02) 9687 7538

**Children's Legal Service**

Tel: (02) 8688 3800  
Fax: (02) 8688 3895

**Prisoners Legal Service**

Tel: (02) 8688 3888  
Fax: (02) 8688 3895

**Penrith**

NSW Government Offices  
Level 4  
2-6 Station Street  
PENRITH NSW 2750  
PO Box 992  
PENRITH NSW 2750  
Tel: (02) 4732 3077  
Fax: (02) 4725 4655

**Port Macquarie**

107 William Street  
(entry from Hay Street)  
PORT MACQUARIE NSW 2444  
PO Box 294  
PORT MACQUARIE NSW 2444  
Tel: (02) 5525 1600  
Fax: (02) 6584 9646

**Sutherland**

Ground Floor  
Endeavour House  
3-5 Stapleton Avenue  
SUTHERLAND NSW 2232  
Tel: (02) 9521 3733  
Fax: (02) 9521 8933

**Tamworth**

Suite 3, Level 1,  
155 Marius Street  
TAMWORTH NSW 2340  
PO Box 513  
TAMWORTH NSW 2340  
Tel: (02) 6766 6322  
Fax: (02) 6766 8303

**Wagga Wagga**

Ground Floor  
74-76 Fitzmaurice Street  
WAGGA WAGGA NSW 2650  
PO Box 769  
WAGGA WAGGA NSW 2650  
Tel: (02) 6921 6588  
Fax: (02) 6921 7106

**Wollongong**

Ground floor  
73 Church Street  
WOLLONGONG NSW 2500  
PO Box 828  
WOLLONGONG NSW 2520  
Tel: (02) 4228 8299  
Fax: (02) 4229 4027

**TTY Service is available at  
the following offices:**

Central Sydney  
(02) 9219 5126

Burwood  
(02) 9747 0214

Parramatta Justice Precinct  
(02) 9687 7538