

|  |  |
| --- | --- |
| Family name: |  |
| Given names: |  |
| Have you been known by any other names, previously? |  |
| Date & country of birth: |  |
| Street address: |  |
| Postal address: |  |
| Email: |  |
| Contact numbers:  | (Home) |  |
|  | (Work) |  |
|  | (Mobile) |  |
| Usual occupation: |  |
| Name of employer: |  |
| Salary (per annum): |  |
| If self employed, |  |
| name of business: |  |

**NEW CLIENT INFORMATION**

**I hereby acknowledge** I am liable to pay for the cost of work done on my behalf pursuant to my instructions, **from and including the initial consultation** at a rate of between $250-$550 per hour plus GST, details of which will be set out in tax invoices rendered to me from time to time.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please provide us with a copy of your photographic identification (e.g. Drivers Licence, Passport, Proof of Age card) prior to your initial consultation.

**INFORMATION ABOUT YOUR FAMILY**

Please fill in as much information as possible (where applicable):

**OTHER PARTY’S DETAILS**

|  |  |
| --- | --- |
| First name |  |
| Middle name/s |  |
| Last name |  |
| Email |  |
| Postal address |  |
| Phone number |  |
| Date of birthCountry of birth |  |
| Usual occupation |  |
| Name of employer |  |
| Salary (per annum) |  |

**If there is more than one other party, please complete another copy of this page.**

**CITIZENSHIP**

|  |  |  |
| --- | --- | --- |
|  | You | Other party |
| Is present in Australia | [ ]  Yes / [ ]  No | [ ]  Yes / [ ]  No |
| Is ordinarily a resident in Australia | [ ]  Yes / [ ]  No | [ ]  Yes / [ ]  No |
| Is an Australian citizen | [ ]  Yes / [ ]  No | [ ]  Yes / [ ]  No |

**MARRIAGE/COHABITATION DETAILS**

|  |  |
| --- | --- |
| Date cohabitation commenced |  |
| Date of marriage |  |
| Place of marriage (town/state/country) |  |
| Date of separation |  |
| Date divorce order comes in effect |  |
| Where was the divorce granted (state/country) |  |

Are there any existing Orders or agreements between you and the other party (e.g. Family Court Orders, Parenting Plans, Divorce Order, Restraining Orders, Childrens Court Orders, Financial Agreements)?

If yes, please provide us with a copy.

**YOUR CHILDREN**

**CHILD 1**

|  |  |
| --- | --- |
| First name/s: |  |
| Last name: |  |
| Date & place of birth: |  |
| Gender: |  |
| Primary caregiver: |  |

**CHILD 2**

|  |  |
| --- | --- |
| First name/s: |  |
| Last name: |  |
| Date & place of birth: |  |
| Gender: |  |
| Primary caregiver: |  |

**CHILD 3**

|  |  |
| --- | --- |
| First name/s: |  |
| Last name: |  |
| Date & place of birth: |  |
| Gender: |  |
| Primary caregiver: |  |

**CHILD 4**

|  |  |
| --- | --- |
| First name/s: |  |
| Last name: |  |
| Date & place of birth: |  |
| Gender: |  |
| Primary caregiver: |  |

**Office Use Only**

**Solicitor to complete:**

|  |  |  |
| --- | --- | --- |
| Open File? | Yes [ ]   | No [ ]  |
| Trust Funds up front | Yes [ ]  $\_\_\_\_\_\_\_ | No [ ]  |
| Limitation Date?  | Yes [ ]  Date:  | No [ ]  |
| Third Party Payer? | Yes [ ]  Name: | No [ ]  |
| Third Parties?  |  |
| Matter Description: |  |
| File Manager:File Owner:Legal Assistant: | DAC [ ]  VMT [ ] DAC [ ]  VMT [ ] CW [ ]  MDL [ ]  PJR [ ]  EDG [ ]  SC [ ]  JC [ ]  AB [ ]  EB [ ]  TR [ ]  |
| Upcoming Court Dates? | Yes [ ]  \_\_\_\_\_\_\_ | No [ ]  |
| Next Steps: |  |
| Cost Agreement Table required:  | * General  Collaborative  “pre-nup” Financial Agreement
 |
| Further documents required upon engagement: | * Photo ID
* Marriage Certificate
* Children’s Birth Certificates
* Court Documents
* Health Care Card
* Other:
 |

**Filepro Work Type**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FAMPR | [ ]  Fam Law-Parenting  | FAMFP | [ ] Fam Law – Fincl & Parenting | FAMFN | [ ]  Fam Law – Financial |
| ADMIN | [ ]  Administration | FAMCP | [ ]  Fam Law- Care & Proctn | FAMLAC | [ ] Fam Law – Legal Aid Conference |
| FAMCL | [ ] Fam Law- Collaborative | FAMMD | [ ] Fam Law - Mediation | FAMICL | [ ]  Fam Law - ICL |

**Support Staff to complete:**

|  |  |
| --- | --- |
| [ ]  | Photo identification received, and saved to Filepro  |
| [ ]  | Conflict check completed for additional third parties |
| [ ]  | Contact information entered for all parties  |
| [ ]  | Limitation Date entered into Filepro, and FO & FM calendars (LA to complete) |
| [ ]  | Costs Agreement sent  |
| [ ]  | Family Law Tab completed |
| [ ]  | Documents from initial consultation saved to Filepro |