

LEGAL HEALTH CHECK

REFERRAL FORM



Not sure how to refer?

Call Thomasin/Tammy – 0409 056 562

Please email this completed form to:

HJPKatherine@legalaid.nt.gov.au

CLIENT DETAILS

Full Name: _____ DOB: _____ Gender: M F O

Current address: _____

Postal address (if different): _____

Best contact method:

Phone: _____ Family member: _____

E-mail: _____ Other: _____

Current health and other support services:

Income: _____

Aboriginal

Torres Strait Islander

Interpreter Required: Yes Language: _____ No Unknown

CONSENT

I give permission for the information on this form to be referred to the Northern Territory Legal Aid Commission and I understand that the Northern Territory Legal Aid Commission will contact me to make an appointment and no work will be done on my problem until I have spoken to the service.

Signed _____

Date _____



INSTRUCTIONS

- Each section has **hyperlinks** in bold.
- Please click on the **hyperlinks** to get more information about that issue to help you and the person understand it more together and see if there are any problems in that area.
- Please fill out as much information as you can. We will still accept any referral even if you can't answer all the questions on the form. This is a tool to help you and the person you are referring



1. MONEY TROUBLES (DEBT)		Yes	No	Unsure
Is anyone <u>chasing</u> you for <u>money</u> ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any <u>bills</u> that you cannot pay? E.g. phone, Centrelink, electricity, car loan, Cash Converters <i>Complete the table below for each debt, where possible.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you need to get <u>your superannuation</u> or a <u>family member's</u> superannuation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to apply for any <u>compensation</u> ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you getting the right money from <u>Centrelink</u> ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any <u>finer</u> that you have not paid?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details:				
Debt	Creditor (who you owe \$ to)	Amount owed (approx. \$ value)	Instalment (\$ amount and how often)	Contact (are you being contacted?)
1.				
2.				
3.				

2. HOUSING CONCERNS		Yes	No	Unsure
Do you <u>owe</u> any <u>rent</u> ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Are you having trouble getting the landlord to do repairs or maintenance?</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently been <u>evicted</u> (told to move out of your house)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Did you get your bond money back?</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you leave any belongings behind that you want to get back?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details:				

3. CIVIL LAW		Yes	No	Unsure
Did you get hurt or injured in an <u>accident</u> ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any <u>problems with your boss</u> ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been <u>treated unfairly</u> by someone at work or in the community?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4. FAMILY & RELATIONSHIPS	Yes	No	Unsure
Do you want help with domestic violence orders ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want help with divorce/separation ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want help with child protection orders ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want help with arrangements for children ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want help with your experiences as a child when you were in the care of adults or institutions ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details:			

5. HEALTH & WELLBEING	Yes	No	Unsure
Does the adult guardian make decisions about your health or business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does a public trustee make decisions for you or a family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an order from the Mental Health Tribunal ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get any disability support money? (like a pension or NDIS – National Disability Insurance Scheme)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you need a lawyer’s help with power of attorney ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details:			

6. CRIME	Yes	No	Unsure
Do you have to go to court ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a warrant ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to complain about how the police or prison treated you ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want help with the Banned Drinker Register ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been a victim of a crime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details:			



ADDITIONAL NOTES:

