

**APPOINTMENT DETAILS :**

*(FOR OFFICE USE ONLY)*

Date : \_\_\_\_\_

Time : \_\_\_\_\_

Solicitor : \_\_\_\_\_

File No. : \_\_\_\_\_

**NEW CLIENT INTAKE FORM**

<b>TITLE</b>	Mr / Mrs / Ms / Miss / Dr / Prof / .....
<b>FULL NAME</b>	
<b>PHONE</b>	
<b>RESIDENTIAL ADDRESS</b>	
<b>PERSONAL EMAIL</b>	
<b>DATE OF BIRTH</b>	... / ... / ..... (dd/mm/yyyy)
<b>NOK / ADDITIONAL CONTACT PERSON</b>	Name: _____ Ph: _____
<b>REFERRAL SOURCE</b>	
<b>EMPLOYER</b>	
<b>EMPLOYMENT STATUS</b>	Full time / Part time / Casual / .....
<b>ROLE / JOB TITLE</b>	
<b>SALARY</b> <i>(Required to evaluate action jurisdiction)</i>	\$ _____ (plus Superannuation)
<b>LENGTH OF EMPLOYMENT</b>	..... years ..... months / <u>or</u> Commenced : ... / ... / ..... If employment Terminated, on what date : ... / ... / .....
<b>CONTRACT</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide a copy of same
<b>AWARD</b> <i>(if known)</i>	
<b>REASON FOR CONTACT</b>	<input type="checkbox"/> Workplace investigations and disciplinary proceedings
	<input type="checkbox"/> Unfair / unlawful termination of employment ( <b>NB 21 days</b> )
	<input type="checkbox"/> Redundancy
	<input type="checkbox"/> Discrimination in the workplace
	<input type="checkbox"/> Bullying and harassment
	<input type="checkbox"/> Breach of contract
	<input type="checkbox"/> Unpaid wages and entitlements
	<input type="checkbox"/> Claims for workers compensation / income protection benefits
	<input type="checkbox"/> Other .....

<b>Please Provide</b>	<input type="checkbox"/> New Client Intake Form (completed and signed); <input type="checkbox"/> Trust Account Authority (completed and signed) <input type="checkbox"/> Current photo / signature ID (eg <u>front &amp; back</u> of Driver Licence) <input type="checkbox"/> 1-2 page summary, & list of questions (if applic); <input type="checkbox"/> Employment Contract; Payslip; & Award <input type="checkbox"/> Any other relevant correspondence or documentation <input type="checkbox"/> Covid-19 Vaccination Certificate (if attending in person).
<b>Client status</b> <i>(Office use only)</i>	<input type="checkbox"/> Paid <input type="checkbox"/> EFTPOS/DD <input type="checkbox"/> Cr/Card
<b>TRUST ACCOUNT AUTHORITY</b>  (NB: Payment of the consultation fee is made to our Trust Account. Once the Consultation has taken place the funds are transferred to pay your invoice).	I hereby authorise and direct you to pay from the moneys that you hold on my behalf from time to time, such outlays expenses you may incur on my behalf relating to the above matter pursuant to Section 8 of the <i>Trust Account Act 1973 (as amended)</i> , including your professional costs, barrister's fees and associated disbursement related thereto.  SIGNED: _____ Dated:     /     /

**IMPORTANT**

**Disclosure required**

In order for the firm to properly assess the prospects of success of any claim/s for compensation that you might have, please provide confidential details of the following (we confirm that all the information you provide to us will be treated with strict confidentiality and will generally be covered by legal professional privilege). Please make a selection and provide further details:

<input type="checkbox"/>	<i>I have previously been convicted of a civil or criminal offence.</i> Please provide details including date/s, charge/s, conviction/s or claim/s .....
<input type="checkbox"/>	<i>I have NOT previously been convicted of a civil or criminal offence</i>
<input type="checkbox"/> Media	<i>Please provide details of all and any media coverage you have had in the past as may relate to this matter :-</i> .....

I confirm that the details in this form are correct.

Signature:

\_\_\_\_\_


Full Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

*(dd/mm/yyyy)*

<b>SUMMARY:</b> <b><u>(2 pages maximum)</u></b>  <b>LIST OF QUESTIONS:</b>	 <i>Fill in here – or provide a separate document.</i>
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