

## CLIENT REFERRAL FORM

**Please send to:**

Goulburn Valley Community Legal Centre (GVCLC)

Fax: 5831 7561

Email: gvclc@lcclc.org.au

Pigeon hole at Shepparton Magistrates' Court

Pigeon hole at Primary Care Connect

### 1. Referring Clinician

Name	
Organisation	
Team	
Phone	
Email	

### 2. Client's Details

Surname			
First Names			
Date of Birth			
Address			
Telephone			
Interpreter?	NO	YES	Language:
Main Income Source (please circle)	Full Centrelink Pension/Benefit Employed	Part Centrelink Pension / Benefit Private Funds	Other

### 3. Type of Legal Matter(s)

- |  |   |
|--|---|
| <input type="checkbox"/> Criminal<br><input type="checkbox"/> Family Violence/Personal Safety<br><input type="checkbox"/> Finance/ Consumer issue<br><input type="checkbox"/> Infringements<br><input type="checkbox"/> Child Protection | <input type="checkbox"/> Family care arrangements /<br>property disputes<br><input type="checkbox"/> Tenancy<br><input type="checkbox"/> Other (please specify) |
|--|---|
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**4. Names and date of births of other parties involved (e.g. victim/s, offender/s, ex-partner/s, family member/s, neighbour/s).**

**5. Briefly describe the matter for which the client is seeking our assistance.**

**6. Does the client have a current solicitor, in this or any other matter? If no, does the client have a solicitor who has acted for them in the past? Please name.**

**7. Please attach a copy of your consent to share form, signed by your client, authorising the information to be shared with GVCLC.**