

LEGAL HEALTH CHECK

Please note: completing this document does not create any obligation between you, the client or any legal service. The Legal Health Check identifies potential legal need.

CLIENT NAME	
CLIENT'S CONTACT DETAILS	
COMMUNITY AGENCY	
WORKER NAME	
CONTACT DETAILS	
DATE OF REFERRAL TO GVCLC	

1. MONEY TROUBLES (DEBT)	Yes	No	Unsure
Are you receiving the appropriate Centrelink benefits?			
Is anyone chasing you for money?			
Do you have payments due or unpaid accounts? Eg, phone / Centrelink / Cash Converters / electricity / car loan <i>Complete the table below for each debt, where possible.</i>			
Would you like to access your superannuation or insurance cover?			
Has a bank or financial institution increased your credit limit or granted you a loan when your only source of income was a Centrelink benefit or pension?			

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Have you been in a car accident recently?						
Is a car insurance company contacting you?						
Have you bought a car and want to discuss the contract, repayment plan or warranty?						
Debt	Creditor (who you owe \$ to)	Amount owed (approx.)	Instalment (payment amount and frequency)	Contact (are you being contacted by phone, eg by debt collector)?		
Eg	Telco	\$2500	\$100 pfn	Yes		
1.						
2.						
3.						
4.						
<i>Please attach copies of client's Centrelink and / or bank statements if possible.</i>						

2. UNPAID FINES	Yes	No	Unsure
Do you have any unpaid fines?			
Would you like to explore your options? Eg, smaller instalments / community work permits / waivers?			
DETAILS:			

3. HOUSING CONCERNS	Yes	No	Unsure
Have you recently been evicted?			
Was your tenancy bond lodged and returned?			
Did you leave any belongings behind at recent accommodation?			

Do you have any unpaid rent?			
Are you applying, or do you want to apply for government or community housing?			
DETAILS:			

4. CRIME	Yes	No	Unsure
Do you have a Notice to Appear, or are you due in Court?			
Do you want to deal with any outstanding warrants?			
DETAILS:			

5. RELATIONSHIPS Would you like to discuss ... ?	Yes	No	Unsure
Intervention orders you want, have, or are subject to?			
Arrangements, plans or orders about children? (eg, who the child/ren live with, spend time with, or your involvement in major long term issues)			
Child protection orders or concerns about you or your children?			
Concerns about your experiences as a child, while you were in the care of adults or institutions?			
DETAILS (<i>please include names of the other parent or family member involved</i>):			

6. DECISION MAKING	Yes	No	Unsure
Has someone been appointed your legal guardian, and is making decisions you do not agree with? (Eg, decisions about your health care, accommodation, employment, access to services and access to people)			
Do you want to appoint someone to make decisions for you about financial matters and / or personal matters?			
Is someone making decisions for you about your financial matters and / or your personal matters, and you don't want them to any more, or you want someone else to be making those decisions?			
Do you want to appoint someone to make decisions for you about your medical treatment?			
Is someone making decisions for you about your medical treatment and you don't want them to, or you want someone else to be making those decisions?			
Do you want to appoint someone to help you make your own decisions about financial matters and / or personal matters?			
Are you under a treatment order, either as an inpatient or in the community?			
DETAILS:			

7. VISA AND IMMIGRATION STATUS	Yes	No	Unsure
Is your current visa valid?			
Do you have any concerns about your visa?			
Is the Department of Immigration and Border Protection trying to contact you?			
DETAILS:			

8. EMPLOYMENT AND BUSINESS	Yes	No	Unsure
Have you signed any business contracts that you are concerned about?			
If you are / were employed: <ul style="list-style-type: none"> • Are you satisfied that your wage and conditions are fair? • Did you receive all your entitlements when you left (eg, annual leave)? • Were you paid superannuation? 			
<ul style="list-style-type: none"> • Do you believe you were unfairly dismissed? 			
DETAILS: 			

9. OTHER	Yes	No	Unsure
Do you have any other concerns that you would like to raise with a lawyer?			
DETAILS: 			

This document has been prepared modifying the Legal Health Check materials developed by QPILCH for the National Association of Community Legal Centres.