

Application for legal aid

Use this form to apply for legal aid in **New South Wales**



If you are deaf, or have a hearing or speech impairment, contact us through the National Relay Service (NRS) on **133 677**. Ask for LawAccess NSW on **1300 888 529**.



If you need an interpreter, call the Translating and Interpreting Service (TIS) on **13 14 50**. They can arrange an interpreter to call LawAccess NSW or Legal Aid NSW.

Office use only

Client ID

File ID

CASES Number

Matter type

Criminal Family Civil

How can Legal Aid NSW help me?

Help over the phone

Call LawAccess NSW on **1300 888 529**. LawAccess NSW is a free government service that provides legal information and referrals for people who have a legal problem in NSW.

If you are under 18 and need advice about a criminal law problem, or think you might be in trouble with the police you can call the Youth Hotline on **1800 10 18 10**.

Free legal advice

If you need personalised advice or representation from a lawyer, our team at LawAccess NSW can make an appointment for you with a Legal Aid NSW lawyer if your circumstances and legal issue meet our criteria.

Help at court

If you need ongoing legal help from a solicitor, you need to apply for a grant of legal aid and fill in this application form or contact a private solicitor to complete an online application.

A grant of legal aid provides you with legal representation in court by a solicitor who works for Legal Aid NSW or a private solicitor paid for by Legal Aid NSW.

Legal Aid NSW provides legal assistance for many criminal, family and civil matters. However, we do not provide legal aid for every legal problem.

How do I get a grant of legal aid?

Our policies explain the types of matters where legal aid is available and who is eligible for legal aid.

We look at:

- what you want legal assistance for
- whether it is reasonable in all the circumstances to grant legal aid (called a merit test)
- what you earn and what you own (called a means test).



To see if you are likely to pass the means test, use the Means Test Indicator at www.legalaid.nsw.gov.au

For more information about our policies check out our *A-Z guide to policies or Policy Online* at www.legalaid.nsw.gov.au



If legal aid is available for your type of matter and you think you are eligible for legal aid, you must complete this application form and send supporting documentation.

Who can help me fill out the application form?

- LawAccess NSW on **1300 888 529**;
- Legal Aid NSW staff (by appointment or at an advice clinic); or
- a private solicitor (you may need to pay for this service)

How do I know if I've been granted legal aid?

After you send us your completed application form, we will send you a letter telling you:

- if you have been granted legal aid
- what the grant is for
- any conditions you must meet to get legal aid.

What if I'm not satisfied with the decision?

In most matters, if you do not agree with the decision either because you have been refused legal aid or because you do not agree with the conditions, you can apply to have the decision reviewed by an independent committee called the Legal Aid Review Committee. Generally you will need to lodge your appeal within 28 days.

Is legal aid free?

No. A grant of legal aid is not free. You will usually be asked to pay:

- some money towards your legal costs at the start of your case
- some or all of your legal costs at the end of your case.

What if my circumstances change?

You must tell us immediately if:

- you change your address
- your financial details or other details change
- you become aware of information likely to affect your eligibility for legal aid
- you want to change your solicitor. You cannot change your solicitor without our agreement.

Need more info about Legal Aid NSW?

Visit our website at www.legalaid.nsw.gov.au or contact LawAccess NSW on **1300 888 529**.

The information is correct at the time of printing, however it may change. For more information contact LawAccess NSW on **1300 888 529**.

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FILLING IN THIS FORM

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗
- Where you see a box like this Go to 5 skip to the question number shown. You do not need to answer the questions in between

- 1 You should seek legal advice before applying for legal aid.
- Call LawAccess NSW on **1300 888 529**;
 - Speak to a private solicitor who may then lodge an online application on your behalf;
 - Speak to a Legal Aid NSW solicitor at one of our offices.

Have you sought legal advice about your legal problem?

No  You should seek legal advice before applying for legal aid.

Yes Go to next question

- 2 What type of legal matter is this application for?

Criminal Family Civil Don't know

- 3 Your name

Mr Mrs Miss Ms Other

First name

Middle name

Last name

- 4 Have you ever used or been known by any **other name**?

No Go to next question

Yes What is your other name?

- 5 Gender

Male Female Other

- 6 Your date of birth

- 7 What is your **current** relationship status?

Single De facto
Married Separated
Divorced Widowed

- 8 Your **contact details**

Mobile phone number

Tick this box if it is **not safe** for us to send you text messages

Other phone number

Email address

Residential address

Postcode

Postal address, if different to your residential address

Postcode

Are you homeless or in temporary accommodation?

No Yes

- 9 Can we communicate with a **family member** or **support person**?

You can give us permission to communicate with another person about your application for legal aid and/or your grant of legal aid.

No Go to next question

Yes Give details below

Name of the person we can communicate with

Mobile phone number

Other phone number

- 10 Are you in **custody/detention**?

No Go to next question

Yes Give details below

Location

Corrective Services MIN number

- 11 Police reference number (CNI number) (if applicable)

- 12 Current NSW driver's licence number

Additional questions

13 How did you find out about Legal Aid NSW e.g. internet, court, counsellor, friends, etc?

14 Were you born in another country?

No **Go to next question**

Yes Give details below

Which country were you born in?

What year did you arrive in Australia?

15 Do you speak a language other than English at home?

No **Go to 17**

Yes Which language do you speak at home?

16 Do you need an interpreter?

No **Go to next question**

Yes Which language do you need an interpreter for?

17 Are you of Aboriginal or Torres Strait Islander descent?

If you are of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes.

| | |
|------------------------------|--------------------------|
| No | <input type="checkbox"/> |
| Yes – Aboriginal | <input type="checkbox"/> |
| Yes – Torres Strait Islander | <input type="checkbox"/> |

18 Do you have a disability?

No **Go to 20**

Yes What is your disability? (Mark all that apply)

| | |
|---------------------------|---------------------------------------|
| Acquired brain injury | <input type="checkbox"/> |
| Autism spectrum | <input type="checkbox"/> |
| Chronic health condition | <input type="checkbox"/> |
| Cognitive/intellectual | <input type="checkbox"/> |
| Hearing/speech impairment | <input type="checkbox"/> |
| Mental health condition | <input type="checkbox"/> |
| Physical impairment | <input type="checkbox"/> |
| Vision impairment | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Give details |

19 What type of disability support do you need from us?

| | |
|-----------------------|---------------------------------------|
| None | <input type="checkbox"/> |
| Auslan interpreter | <input type="checkbox"/> |
| Hearing loop | <input type="checkbox"/> |
| Wheelchair access | <input type="checkbox"/> |
| Large print documents | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Give details |

20 Are you a participant in the National Disability Insurance Scheme (NDIS)?

No

Yes

21 Are you currently experiencing or at risk of family violence (including from a former relationship)?

No

Yes

Financial details

22 Have you used the Means Test Indicator at www.legalaid.nsw.gov.au to see if you are likely to pass the means test?

No  You could use the Means Test Indicator at www.legalaid.nsw.gov.au to see if you are likely to pass the means test.

Yes **Go to next question**

23 Are you currently **employed**?

No **Go to next question**

Yes What is the basis of your employment?

| | | | |
|-----------|--------------------------|---------------|--------------------------|
| Full-time | <input type="checkbox"/> | Casual | <input type="checkbox"/> |
| Part-time | <input type="checkbox"/> | Self-employed | <input type="checkbox"/> |

24 Do **you** currently receive a Centrelink or Department of Veterans' Affairs benefit or pension?

No **Go to 27**

Yes Give details below

Which benefit or pension do you currently receive e.g. JobSeeker Payment or Disability Support Pension?

Do you receive the maximum payment?

No Yes Don't know

How much do you receive from Centrelink or the Department of Veterans' Affairs

\$ Weekly Fortnightly

 Attach your Income Statement from Centrelink or a statement from the Department of Veterans' Affairs.

25 Is your Centrelink benefit **currently** suspended because of a lump sum payment?

A lump sum payment could be a compensation payment, a superannuation payment or a retrenchment payment.

No Go to next question

Yes Give details below

How much of your benefit was suspended?

\$

Date suspension started

DD / MM / YYYY

Date suspension finishes

DD / MM / YYYY

What type of lump sum payment did you receive?

Amount paid

\$

Date paid

DD / MM / YYYY

26 Do you agree to Legal Aid NSW checking the details of your benefit or pension with Centrelink?

Note: Agreeing to this will not affect your Centrelink benefit or pension.

No Go to next question

Yes Complete the Centrelink consent below

Centrelink consent

This consent will be used for the sole purpose of authorising the Australian Government agency, Services Australia (Centrelink) to provide information to Legal Aid NSW to assess your eligibility in relation to services provided by Legal Aid NSW.

I authorise Centrelink to electronically provide a statement of information to Legal Aid NSW to assist in the assessment of my entitlement to services from Legal Aid NSW.

- I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address.
- I understand that this authority, once signed, is effective only for the period I am a client of Legal Aid NSW.
- I understand that this authority, which is ongoing, can be revoked at any time by giving notice to Legal Aid NSW.
- I understand that I will be able to obtain a written copy of the statements at any time from either Legal Aid NSW or Centrelink.

For more details about Centrelink Confirmation eServices, go to www.servicesaustralia.gov.au

Your Centrelink Customer Reference Number (if known)

- - -

Your signature



Date

DD / MM / YYYY

27 Is there **anyone** e.g. a spouse, partner or relative who gives you financial help or could assist you financially?

No Go to 29

Yes Give details below

What is the full name of this person?

What is your relationship to this person?

28 Does the person named in **Question 27** currently receive a Centrelink or Department of Veterans' Affairs benefit or pension?

No Go to next question

Yes Give details below

Which benefit or pension does this person receive e.g. JobSeeker Payment or Disability Support Pension?

Does this person receive the maximum payment?

No Yes Don't know

How much does this person receive from Centrelink or the Department of Veterans' Affairs

\$ Weekly Fortnightly

 Attach an Income Statement from Centrelink or statement from the Department of Veterans' Affairs for this person.

29 Do you pay child support for any children not living with you?

No Go to 30

Yes Give details below

How many children do you pay for?

Total amount of child support paid

\$ Weekly Fortnightly

30 Do you or a person who could give you financial help have any **dependants**?

A dependant is someone who usually relies on you for financial support e.g. your spouse, partner or child.

No Go to next question

Yes Give details of all dependants

| First name | Last name | Date of birth | Relationship to you | Living with you? |
|------------|-----------|---------------|---------------------|--|
| 1. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 6. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |

 If there are more than 6 dependants, give details in the space provided on page 15.

Your income

31 Do you or a person who could give you financial help, receive a **wage or salary**?

No Go to next question

Yes Give details of the income received below

| | You | Other person |
|-----------------------------|---|---|
| Period | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> |
| Net wage/salary (after tax) | \$ | \$ |

 Attach copies of last 3 payslips or a letter from your employer showing the weekly income and tax paid for you and any person who could give you financial help.

32 Do you or a person who could give you financial help, get any **other income or benefit**?

No Go to next question

Yes Give details of the other income or benefit below

| | You | Other person |
|---------------------------|---|---|
| Period | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> |
| Child support | \$ | \$ |
| Interest from investments | \$ | \$ |
| Board/Rent | \$ | \$ |
| Superannuation | \$ | \$ |
| Income from a trust | \$ | \$ |
| Worker's compensation | \$ | \$ |
| Other income | \$ | \$ |

33 Are you or a person who could give you financial help, either self-employed, a farmer or a business owner?

No Go to next question

Yes Give details of the income earned below

| | You | Other person |
|--------|---|---|
| Period | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> |
| Income | \$ | \$ |

 Attach copies of the last income tax return and the financial statements of the business or farm for you and any person who could give you financial help.

Your expenses

34 Give details of the **expenses** paid by yourself and any person who could give you financial help.

| | You | Other person |
|-----------------|---|---|
| Period | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> |
| Rent | \$ | \$ |
| Mortgage | \$ | \$ |
| Board | \$ | \$ |
| Rates | \$ | \$ |
| Child care fees | \$ | \$ |
| Child support | \$ | \$ |
| Loans | \$ | \$ |
| Other debts | \$ | \$ |

Mark this box if you don't have any expenses

Your assets

- 35** Do you or a person who could give you financial help, **own the home where you are currently living** (including a home you are paying off)?

No **Go to 38**

Yes Give details below

Address of the home you are currently living in (write 'as above' if the same as your residential address in **Question 8**)

| |
|-----------------|
| |
| |
| <i>Postcode</i> |

How much would the home sell for?

| |
|----|
| \$ |
|----|

Mortgage or amount still owing on the home

| |
|----|
| \$ |
|----|

- 36** If you are aged **65 years or older**, (**55 years or older if you are of Aboriginal or Torres Strait Islander descent**), have you lived in your home for 5 years or more?

No **Go to next question**

Yes **Go to 38**

- 37** Have you had to move out of your home or buy another home because of a disability or health problem?

No

Yes

- 38** Do you or a person who could give you financial help own any **other real estate** (i.e. an investment property) in Australia or elsewhere (including real estate you are paying off)?

No **Go to next question**

Yes Give details below

Address of the other real estate

| |
|-----------------|
| |
| |
| <i>Postcode</i> |

How much would the other real estate sell for?

| |
|----|
| \$ |
|----|

Mortgage or amount still owing on the other real estate

| |
|----|
| \$ |
|----|

- 39** Do you or a person who could give you financial help own a **farm or business**?

No **Go to next question**

Yes Give details below

Address of farm or business

| |
|-----------------|
| |
| |
| <i>Postcode</i> |

How much would the farm or business sell for?

| |
|----|
| \$ |
|----|

Mortgage or amount still owing on the farm or business

| |
|----|
| \$ |
|----|

- 40** Do you or a person who could give you financial help, own any **motor vehicles** (including motor vehicles you are paying off)?

No **Go to next question**

Yes Give details below

| Year | Make/Model | Market value | Money owing |
|------|------------|--------------|-------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

- 41** Do you or a person who could give you financial help, have a **bank account** in Australia or elsewhere?

No **Go to next question**

Yes Give details below

| Bank name | Account number | Amount |
|-----------|----------------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Attach statements for the last 3 months for all accounts from these financial institution(s) for you and any person who could give you financial help.

- 42** Do you or a person who could give you financial help own **anything else of value** in Australia or elsewhere e.g. boats, caravans or shares?

No **Go to 43**

Yes Give details below

| Description of item | Value |
|---------------------|-------|
| | \$ |
| | \$ |
| | \$ |

50 Tell us about your legal problem and the legal action you want to take or respond to.

Include:

- what you want legal aid for
- what happened
- what the legal problem is
- who is involved and how they are involved
- how and when the legal problem started
- what has happened since then



Attach copies of legal, medical or other documents that you think would assist your application

A large rectangular area with horizontal dashed lines, intended for the user to provide a detailed description of their legal problem and the actions they wish to take.

51 Can you give details of the **other party(ies) in the matter?**

No Go to next question

Yes Give details below

For **family** and **civil** law matters, provide details of the other person(s) or organisation with whom you are in dispute.
For **criminal** matters, provide details of any other person who has been charged with you (i.e. the co-accused).

1 Details of the other party or co-accused (if known)
What is your relationship to this party e.g. partner, employee?

Full name

Address

 Postcode
Phone number Date of birth *DD / MM / YYYY*
Details of the other party/co-accused's solicitor (if known)
Solicitor's name

Firm name

Address

 Postcode
Phone number

2 Details of the other party or co-accused (if known)
What is your relationship to this party e.g. partner, employee?

Full name

Address

 Postcode
Phone number Date of birth *DD / MM / YYYY*
Details of the other party/co-accused's solicitor (if known)
Solicitor's name

Firm name

Address

 Postcode
Phone number



If there are more than 2 other parties or co-accused, give details in the space provided on page 15.

52 Please tell us about any **exceptional circumstances** that you want us to consider when making a decision about your application.

In some cases, legal aid may be granted to people who have exceptional circumstances. For example, you may have a serious illness or disability which may make it harder for you to present your case without legal representation.



Attach copies of any relevant documents, e.g. medical reports

Criminal Law matters only

Complete this section only if you have a criminal law matter

53 Do you want legal aid because you have been charged with a criminal offence?

No **Go to 59 – You do not need to answer questions 54 to 58**

Yes Give details of the charge(s)

| Date charged | Description of charge | Criminal charge reference number | How do you want to plead? |
|--------------|-----------------------|----------------------------------|---|
| DD / MM / YY | | H | Guilty <input type="checkbox"/> Not guilty <input type="checkbox"/> Not sure yet <input type="checkbox"/> |
| DD / MM / YY | | H | Guilty <input type="checkbox"/> Not guilty <input type="checkbox"/> Not sure yet <input type="checkbox"/> |
| DD / MM / YY | | H | Guilty <input type="checkbox"/> Not guilty <input type="checkbox"/> Not sure yet <input type="checkbox"/> |
| DD / MM / YY | | H | Guilty <input type="checkbox"/> Not guilty <input type="checkbox"/> Not sure yet <input type="checkbox"/> |
| DD / MM / YY | | H | Guilty <input type="checkbox"/> Not guilty <input type="checkbox"/> Not sure yet <input type="checkbox"/> |



Attach a copy of your charge sheet or court attendance notice (if available)

54 Have you already pleaded guilty in court to the charge(s)?

No

Yes

Not sure

55 Have you been committed for trial/sentence (if applicable)?

No

Yes

Not sure

56 Do you want legal aid for a Supreme Court bail application?

No **Go to 58**

Yes *Go to next question*

57 Have you already applied for bail?

No *Go to next question*

Yes Give details below

When did you apply for bail?

DD / MM / YYYY

In which court did you apply for bail?

What was the result?

58 Has any of your property been taken or restrained under a proceeds of crime order?

No **Go to 72 – You do not need to answer questions 59 to 71**

Yes



Attach a copy of the proceeds of crime order.

Go to 72

Family Law and Care and Protection matters only

Complete this section only if you have a family law or care and protection matter

59 Are you applying for legal aid for a family law or care and protection matter?

No **Go to 72 – You do not need to answer questions 60 to 71**

Yes *Go to next question*

60 Does your matter involve applications or orders affecting children?

No *Go to next question*

Yes Give details of the children affected

| First name | Last name | Date of birth | Relationship to you | Living with you? |
|------------|-----------|---------------|---------------------|--|
| 1. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 6. | | DD / MM / YY | | No <input type="checkbox"/> Yes <input type="checkbox"/> |



If there are more than 6 dependants, give details in the space provided on page 15.

61 Are there any current court orders about the family law or care and protection matter (including apprehended domestic violence orders, Children's Court orders or Family Court orders)?

No *Go to next question*

Yes Give details below

Name of court/tribunal that made the order

Date on which the order was made

Briefly tell us what the orders say

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



Attach a copy of the current orders.

62 Does your matter involve Community Services (formerly known as DoCS)?

No **Go to 65**

Yes *Go to next question*

63 Have your children been removed by Community Services?

No **Go to 65**

Yes When were the children removed by Community Services?

64 Were the children living with you when they were removed?

No Give details of your involvement with the children

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.....

.....

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.....

.....

Yes **Go to 65**

Family Law and Care and Protection matters only *continued*

65 Does your family law matter involve property?

No **Go to 67**

Yes Give details of the property involved

| Description of Property / Property address | Market value | Money owing |
|--|--------------|-------------|
| 1. | \$ | \$ |
| 2. | \$ | \$ |
| 3. | \$ | \$ |
| 4. | \$ | \$ |

66 Do you intend to sell the property(ies)?

No **Go to next question**

Yes How do you intend to distribute the funds from the sale of the property(ies)?

.....

.....

67 Were you married or in a de facto relationship to the person you are in dispute with?

No **Go to next question**

Yes Give details below

Date you were married/
relationship started

/ /

Date separated

/ /

Date divorced (if applicable)

/ /

68 Have you attended family dispute resolution?

No **Go to 70**

Yes  Attach a copy of the certificate/waiver you were given (if available).

69 Did you attend family dispute resolution at Legal Aid NSW?

No

Yes

70 Has an apprehended domestic violence order been made for you?

No **Go to next question**

Yes What type of apprehended domestic violence order has been made for you?

Interim Final

 Attach a copy of the apprehended domestic violence order.

71 Has an apprehended domestic violence order been made for the protection of any **children**?

No **Go to next question**

Yes What type of apprehended domestic violence order has been made for the children?

Interim Final

What part did you play in getting the apprehended domestic violence order made for the children?

Applicant Defendant Not a party

 Attach a copy of the apprehended domestic violence order.

Safety concerns

72 Safety concerns

| | | |
|---|--|--------------------|
| Do you fear for your safety? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Give details below |
| Do you fear for the safety of your children? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Give details below |
| Are there any current investigations about child abuse? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Give details below |

If you fear for your safety or the safety of your children, tell us why you are afraid.

.....

.....

.....

.....

.....

.....

.....

.....

.....

Checklist

73 Checklist

Make sure that you attach copies of the following documents:

Financial documents

| | |
|--------------------------|--|
| <input type="checkbox"/> | Centrelink Statement of Benefit (if you are receiving a Centrelink pension and you did not sign the Consent in question 28) or a statement from the Department of Veterans' Affairs (<i>If you answered Yes at Question 24 and/or Question 28</i>) |
| <input type="checkbox"/> | Last 3 months bank statements for all accounts (ATM receipts are not sufficient) (<i>if you answered Yes at Question 41</i>) |
| <input type="checkbox"/> | 3 most recent payslips or a letter from your employer showing your weekly income and tax paid (<i>if you are employed</i>) (<i>if you answered Yes at Question 31</i>) |
| <input type="checkbox"/> | Last tax return and financial statements for your business or farm (if you are self employed) (<i>if you answered Yes at Question 33</i>) |

You MUST also provide copies of the documentation listed above for any person who could give you financial help.

Criminal law documents

| | |
|--------------------------|--|
| <input type="checkbox"/> | Copy of charge sheet or court attendance notice (<i>If you answered Yes at Question 53</i>) |
| <input type="checkbox"/> | Copy of proceeds of crime order (<i>If you answered Yes at Question 58</i>) |

Family law documents

| | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of any current court orders (<i>If you answered Yes at Question 61</i>) |
| <input type="checkbox"/> | Copy of the family dispute resolution certificate/waiver (<i>If you answered Yes at Question 68</i>) |
| <input type="checkbox"/> | Copy of Apprehended Domestic Violence Order (ADVO) (<i>If you answered Yes at Question 70 or Question 71</i>) |

Other documents

| | |
|--------------------------|---|
| <input type="checkbox"/> | Attach copies of any other relevant legal, medical or other documents that you think would assist your application (<i>See Questions 50 and 52</i>) |
|--------------------------|---|

Signature

| | |
|--------------------------|---|
| <input type="checkbox"/> | Sign the Centrelink Consent (if applicable) (<i>See Question 26</i>) |
| <input type="checkbox"/> | Sign the Declaration (<i>See Question 74</i>) |

Declaration and Privacy

74 Declaration and Privacy

I understand it is an offence to give false or misleading information.

I declare that to the best of my knowledge the information I have given is true and correct.

I understand that Legal Aid NSW collects my personal information to provide me with a legal service, ensure accountability for the assistance it provides and to plan and report on their services.

I understand this information is used and stored in accordance with NSW Privacy legislation and I can access further information about the Legal Aid NSW Privacy Policy at www.legalaid.nsw.gov.au or call (02) 9219 5000.

Your signature

| |
|---|
|  |
|---|

Date

| |
|----------------|
| DD / MM / YYYY |
|----------------|

75 Where do I send this form?

| |
|--|
|  Make sure that you have completed the checklist and attach all relevant documents. |
|--|

In person:

You can hand the form in at any Legal Aid NSW office listed on the back page of this form.

Post:

Legal Aid NSW
Grants Division
PO Box K847
HAYMARKET NSW 1240

Fax:

(02) 9219 5533

Central Sydney

Ground Floor
323 Castlereagh Street
SYDNEY NSW 2000
PO Box K847
HAYMARKET NSW 1240
Tel: (02) 9219 5000
Fax: (02) 9219 5724

**Mental Health
Advocacy Service**

Tel: (02) 9745 4277
Fax: (02) 8208 7284

Veterans' Advocacy Service

Tel: (02) 9219 5148
Fax: (02) 9219 5145

Albury

Suite 2, Level 1
530 Swift Street
ALBURY NSW 2640
PO Box 421
ALBURY NSW 2640
Tel: (02) 6020 7200
Fax: (02) 6041 1570

Bankstown

Level 7, Civic Tower
66-72 Rickard Road
BANKSTOWN NSW 2200
Tel: (02) 9707 4555
Fax: (02) 9708 6505

Blacktown

Suites 36 & 37, Level 2
Kildare Court
13-17 Kildare Road
BLACKTOWN NSW 2148
PO Box 1023
BLACKTOWN NSW 2148
Tel: (02) 9621 4800
Fax: (02) 9831 5597

Broken Hill

2/32 Sulphide Street
BROKEN HILL NSW 2280
PO Box 286
BROKEN HILL NSW 2280
Tel: 02 8004 9600

Burwood

Level 4, 74-76 Burwood Road
BURWOOD NSW 2134
PO Box 1350
BURWOOD NSW 1805
Tel: (02) 9747 6155
Fax: (02) 9744 6936

Campbelltown

63 Queen Street
CAMPBELLTOWN NSW 2560
PO Box 1113
CAMPBELLTOWN NSW 2560
Tel: (02) 4628 2922
Fax: (02) 4628 1192

Coffs Harbour

Suite 1, Ground Floor
27-29 Duke Street
COFFS HARBOUR NSW 2450
PO Box 15
COFFS HARBOUR NSW 2450
Tel: (02) 6651 7899
Fax: (02) 6651 7897

Dubbo

64 Talbragar Street
DUBBO NSW 2830
PO Box 460
DUBBO NSW 2830
Tel: (02) 6885 4233
Fax: (02) 6885 4240

Fairfield

Suite 1, Level 2
25 Smart Street
FAIRFIELD NSW 2165
PO Box 804
FAIRFIELD NSW 1860
Tel: (02) 9727 3777
Fax: (02) 9724 7605

Refugee Service

Tel: (02) 8713 6725
Fax: (02) 9708 6505

Gosford

Ground Floor
92-100 Donnison Street
GOSFORD NSW 2250
PO Box 517
GOSFORD NSW 2250
Tel: (02) 4324 5611
Fax: (02) 4324 3503

Lismore

Level 5, Westlawn Building
29 Molesworth Street
LISMORE NSW 2480
PO Box 116
LISMORE NSW 2480
Tel: (02) 6621 2082
Fax: (02) 6621 9874

Liverpool

Level 4, Interdell Centre
47 Scott Street
LIVERPOOL NSW 2170
PO Box 44
LIVERPOOL NSW 1871
Tel: (02) 9601 1200
Fax: (02) 9601 2249

Moree

Unit 3, 25 Auburn Street
Moree NSW 2400
Tel: (02) 6768 4938

Newcastle (Civil & Family Law)

Level 2
51-55 Bolton Street
NEWCASTLE NSW 2300
PO Box 848
NEWCASTLE NSW 2300
Tel: (02) 4929 5445
Fax: (02) 4929 3347

Newcastle (Criminal Law)

Level 3
400 Hunter Street
NEWCASTLE NSW 2300
Tel: (02) 4929 5482
Fax: (02) 4929 3347

Nowra

Level 2
59 Berry Street
NOWRA NSW 2541
PO Box 1407
NOWRA NSW 2541
Tel: (02) 4422 4351
Fax: (02) 4422 4340

Orange

Suite 4
95 Byng Street,
ORANGE NSW 2800
PO Box 336
ORANGE NSW 2800
Tel: (02) 6362 8022
Fax: (02) 6361 3983

**Parramatta
Civil and Family Law and
Child Support Service**

Level 4
128 Marsden Street
PARRAMATTA NSW 2150
PO Box 165
PARRAMATTA NSW 2150

Civil and Family Law

Tel: (02) 9891 1600
Fax: (02) 9689 1082

Child Support Service

Tel: (02) 9633 9916 or
1800 451 784 for regional callers
Fax: (02) 9689 1082

**Parramatta Justice Precinct
Criminal Law and
Children's Legal Service**

Level 1
160 Marsden Street
PARRAMATTA NSW 2150
PO Box 695
PARRAMATTA NSW 2150

Criminal Law

Tel: (02) 9066 6000
Fax: (02) 9066 6002

Children's Legal Service

Tel: (02) 8688 3800
Fax: (02) 8688 3895

Penrith

NSW Government Offices
Level 4
2-6 Station Street
PENRITH NSW 2750
PO Box 992
PENRITH NSW 2750
Tel: (02) 4732 3077
Fax: (02) 4725 4655

Port Macquarie

107 William Street
(entry from Hay Street)
PORT MACQUARIE NSW 2444
PO Box 294
PORT MACQUARIE NSW 2444
Tel: (02) 5525 1600
Fax: (02) 6584 9646

Sutherland

Ground Floor
Endeavour House
3-5 Stapleton Avenue
SUTHERLAND NSW 2232
Tel: (02) 9521 3733
Fax: (02) 9521 8933

Tamworth

Suite 3, Level 1
155 Marius Street
TAMWORTH NSW 2340
PO Box 513
TAMWORTH NSW 2340
Tel: (02) 6766 6322
Fax: (02) 6766 8303

Wagga Wagga

Ground Floor
74-76 Fitzmaurice Street
WAGGA WAGGA NSW 2650
PO Box 769
WAGGA WAGGA NSW 2650
Tel: (02) 6921 6588
Fax: (02) 6921 7106

Wollongong

Ground floor
73 Church Street
WOLLONGONG NSW 2500
PO Box 828
WOLLONGONG NSW 2520
Tel: (02) 4228 8299
Fax: (02) 4229 4027