



NEW SOUTH WALES
BAR ASSOCIATION

LEGAL ASSISTANCE REFERRAL SCHEME

The New South Wales Bar Association Legal Assistance Referral Scheme treats all applications as being made in confidence. However, to process an application it is sometimes necessary for enquiries to be made of others.

Name {Print full name}: _____

Street Address: _____

Suburb or Town: _____ **Postcode:** _____ **Email:** _____

Mobile: [daytime contact] _____ [work] _____ [home] _____

Referred by [e.g. Judge/Law Access/Solicitor/Legal Centre] _____

LEGAL AID – have you applied? _____

If refused, what were the grounds for refusal: _____

i) Merit _____ **ii) financial** _____ **iii) other** _____

LAW SOCIETY Pro Bono Scheme have you applied? _____

Have you applied to any other Pro Bono providers? _____

If yes, please state name of provider and outcome: _____

Type of matter [e.g. Family Law/Criminal/Civil]: _____

Please give a short outline of your matter {If longer than the 3 lines provided - write your story setting out the facts in date order on a separate piece of paper}. Please also provide details of the court in which your matter is being heard, including the matter number, and copies of all documents filed in court.

What is the current stage of the matter? _____

Next court date if known: _____

What type of assistance do you require? _____

Occupation: _____

Number of dependants: _____

Average weekly household income (before tax – Please provide verification of income eg most recent tax return or other financial records): _____

Source of income: _____

Assets: _____

Liabilities/outgoings/debts: _____

I am able to make a contribution towards the legal fees in the amount of: \$ _____

I/We the Applicant[s] certify that the information provided is true and correct and I/We acknowledge the following:-

- That I/We need to provide **all** the information requested in this form in order for my/our application to be considered for assistance pursuant to the Scheme's guidelines;
- All information disclosed on this form is held in confidence by the Scheme and will only be used for the purpose of ascertaining whether I/we are eligible for assistance;
- That I/We may **not** be eligible for assistance under the Scheme's guidelines;
- Further, that I/We will not be eligible for assistance if the New South Wales Bar Association is of the view that to grant assistance to me/us is, or may, give rise to a conflict of interest for the Association;
- That the decision to grant assistance is at the discretion of the New South Wales Bar Association;
- That I/We will provide all reasonable co-operation to the New South Wales Bar Association in respect of furnishing the information requested;
- That I/We consent to the New South Wales Bar Association making enquiries as required in relation to my/our matter. I/We note that information may be disclosed to and/or sought from third parties which may include the Law Society of New South Wales Pro Bono Scheme, Legal Aid, former legal representatives involved in the matter and/or the Court Registrar where my/our matter has been filed;
- That it may **not** be possible to find a barrister able to do the work on the basis requested, or in the location or legal area concerned;
- That to solve my/our legal problem using this Scheme, it may be necessary for a **Solicitor** to be involved;
- That matters with a court date will receive priority over other applications;
- That the Legal Assistance Referral Scheme is a referral service only and no client/legal adviser relationship exists between the Scheme and the applicant/s;
- That I/We have read and understand the Scheme's guidelines and I accept and agree to all of its terms and conditions.

Signed: _____ Dated _____ / _____ / 20 _____

Please return the form to: -

Ms Heather Sare
Manager
The NSW Bar Association
Legal Assistance Referral Scheme
Selborne Chambers
174 Phillip Street
SYDNEY NSW 2000
Email: legalassist@nswbar.asn.au