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FAMILY LAW INSTRUCTION SHEET - GENERAL

Date: / /

Client Details

If Joint Application by parent or grandparent, please place both names

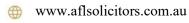
Surname	
Middle Name (if appliable)	
Given Name:	
Personal Information	
Date of Birth:	
Age:	
Country of Birth:	
Country of Citizenship:	
Year entered into	
Australia (if applicable):	
Residential Address	
Street Address	
Suburb/City	
State	
Post Code	
Contact Details	
Mobile Number:	
Home/Work	

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(02) 9	892 2	2298
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Email Address:		
Are phone numbers	☐ Confidential	☐ Silent
confidential or silent?		
Employment Details		
Occupation		
Employer Name		
Employer Address:		
Include state and post code.		
How many hours do you		
work per day?		
How many days do you		
work?		
Between what hours do		
you work?		
What days do you work?		
How long does it take you		
to travel to and from		
work?		
Other sources of financial		
support?		
Other relevant information		
Do you speak any other		
languages at home? (If		
so, what language?)		

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Previous Solicitor Details

Have you engaged	
previously with a	
solicitor? Yes or no?	
Name of previous	
solicitor:	
Do you have a file with the	
previous solicitor? Yes or	
no?	
Have your previous	
solicitors fees been fully	
paid?	

Other Party/Spouse Details

Surname	
Middle Name (if appliable)	
Given Name:	
Personal Information	
Date of Birth:	
Age:	

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Country of Birth:	
Country of Citizenship:	
Year entered into	
Australia (if applicable):	
Residential Address	
Street Address	
Suburb/City	
State	
Post Code	
Contact Details	
Mobile Number:	
Home/Work (if	
applicable):	
Email Address:	
Other relevant information	
Do you speak any other	
languages at home? (If	
so, what language?)	





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Matter Details

Property		
Marriage		
De-facto		
Grandparent Application		
	You	Other party
Are you of Aboriginal or Torres Strait Islander origin?	☐ Yes ☐ No	☐ Yes ☐ No
In which country was your mother born?		
In which country was your father born?		
How well do you speak English?		
Do you require an interpreter?	☐ Yes ☐ No	☐ Yes ☐ No
Do you regard Australia as your home?	☐ Yes ☐ No	☐ Yes ☐ No
Do you intend to live indefinitely in Australia?	☐ Yes ☐ No	☐ Yes ☐ No
Have you lived your whole life in Australia?	☐ Yes ☐ No	☐ Yes ☐ No
Do you ordinarily live in Australia and have done so for the past 12 months?	☐ Yes ☐ No	☐ Yes ☐ No

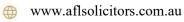
Do you need assistance with (Yes or No):

Parent Application





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Children Details

Full Name & Gender	Birth Date	Age (yrs)	Occupation/School	With whom do the children live?

Do you or your spouse have other children of other relationships? Yes / No

Full Name & Gender	Birth Date	Age (yrs)	Occupation/School	With whom do the children live?

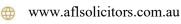
Health issues for any children:

Name:	Health issue:





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Parenting Arrangements

Percentage of Financial	Father:
Support for children (i.e., 50%)	Mother:
Who supervises the children?	
What type of house do the children live in?	
(i.e., 3 bedroom)	
Does any other person reside with the children?	

Marriage / De facto details

Date of co-habitation:	
Date of Marriage:	
Place of Marriage:	
Do you have a Marriage Certificate?	
To be provide to us by:	□ You
	□ Us
	☐ Other Party





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Separation/Divorce details

Only provide answers if applicable.

☐ Family
□ Federal

New Partner's Details

Do you have a new partner?	☐ Yes	□ No
If yes, full name:		
Does spouse have new partner?	□ Yes	□ No
If yes, full name:		

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OTHER COURT PROCEEDING OR FINANCIAL AGREEMENTS

(Please provide a copy of any orders when returning this questionnaire)

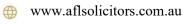
Are there any other Family Law Orders?	□ Yes	□ No
Court:		
Date:		
Are there current or past Domestic Violence Orders?	☐ Yes	□ No
Court:		
Date:		
Have you or your spouse ever been convicted of any offence?	□ Yes	□ No
Court:		
Date:		
Provide Details:		
Have you or your spouse been declared bankrupt?	□ Yes	□ No
Court:		
Date:		
Provide Details:		

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CLIENT CONCERNS

What particular concerns do you have?	
Which of these concerns (if any) need urgent resolution?	

Homeowner details

Do you own your home?	□ Yes	□ No	
Is there a Mortgage?	☐ Yes	□ No	□ Not applicable





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Safety Concerns

Are you concerned about your safety or the safety of others involved in the separation/divorce?	□ Yes	□ No
If so, provide their name/s:		
Have you called the police with these concerns?	□ Yes	□ No
Name of Police Officer:		
Police Station:		
Event Number:		
Have you made a Police Statement?	□ Yes	□ No
Are you and/or children in protective Custody?	☐ Yes	□ No
Have you been injured as a result of Domestic and Violence?	□ Yes	□ No
Have you got concerns about the safety of yourself or the children?		
Briefly Describe		

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Has the Department of Family and Community Services been involved in your case?	☐ Yes	□ No
Have you or any of children seen a Doctor as a result of family or domestic violence?	□ Yes	□ No
Doctor Details		
Name of Doctor:		
Address of Doctor:		
Telephone:		
Have you or the children seen a counsellor/ psychologist/	□ Yes	□ No

Financial Disclosure

1. Financial position of both parties when the relationship commenced

Please list the net worth of you and your former partner/spouse at the commencement of your relationship.

Please provide a copy of any financial agreements that were entered at the commencement, or during, or at the termination of your relationship with the other party

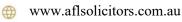
Your net worth at the commencement of the relationship (estimate is sufficient)	Other party's net worth at the commencement of the relationship (estimation is sufficient)

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2. Assets – real property

List the real property owned by you or your former partner/spouse, including any overseas properties and assets. Provide as much information of other parties assets as possible.

Address	Names on title	Joint or Tenants in Common? (J or C)	Value (Est)

3. Shares and digital assets owned by both parties

Name of Share/asset	Qty	Total value of share/asset	Name of owner	Chess statements (Y or N)





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4. Assets - Superannuation policies of both parties

Member Name	Fund name	Fund Account Number	Value of account

5. Assets - Trusts

Please provide a copy of Trust Deeds where possible

Name of Trust	Trustee	Beneficiaries	Value of assets in the Trust

6. Assets - Inheritance

please list inheritances received by both parties

Date of inheritance	Received by	Bequeathed by (name and relationship)	Amount

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7. Assets - Bank Accounts

Please list bank accounts of both parties and provide 12 months of statements of listed bank accounts where possible

Account Name	Institution	BSB and Acc numbers	Account balance

8. Assets - Self employed - please provide BAS statements for last 3 financial years

Business Name	ACN/ABN	Names of	Percentage of	Value of
		Business owners	ownership	business

9. Assets - employed

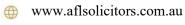
Please provide copies of tax returns for last three years and pay slips for last 12 months where possible.

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10. Assets - vehicles

Please provide copies registration and insurance policies

Vehicle make and model	Registered owner	Registration number	Insured value	Market value

11. Assets - other

Include artworks, bullion and other items of value and provide supporting documents where possible.

Asset type	Owner	Where stored	value





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12. Assets - windfall

Please list any windfall assets received by either party in last 12 months – e.g. gifts, redundancy payments, personal injury awards, lottery winnings etc. Please provide any supporting documentation.

Туре	Date received	Received by	Amount

13. Assets – Significant assets sold by either party in the last 12 months

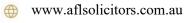
Please provide supporting documentation where possible (e.g EFT deposit reciept)

Assets type	Sold by	Sold to	Amount received





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Financial Disclosure Liabilities

14. Liabilities - loans and credit cards

Please provide copies of account statements

Name of borrower	Lender (e.g name of bank/institution)	BSB and Account number	Amount currently owed

15. Liabilities - other debts

Name of debtor	Name of creditor	Description	Balance owed

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