



ASHLEY, FRANCINA, LEONARD
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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 applicable)	
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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MEMBER OF
THE LAW SOCIETY
OF NEW SOUTH WALES



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Email Address:	
Are phone numbers confidential or silent?	<input type="checkbox"/> Confidential <input type="checkbox"/> Silent
Employment Details	
Occupation	
Employer Name	
Employer Address: <i>Include state and post code.</i>	
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 applicable)	
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	
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Mobile Number:	
Home/Work (if applicable):	
Email Address:	
Other relevant information	
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Matter Details

Do you need assistance with (Yes or No):	
Parent Application	
Property	
Marriage	
De-facto	
Grandparent Application	

	You	Other party
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you regard Australia as your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to live indefinitely in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived your whole life in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ordinarily live in Australia and have done so for the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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 Support for children (i.e., 50%)	Father:
	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:	<input type="checkbox"/> You <input type="checkbox"/> Us <input type="checkbox"/> Other Party

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Separation/Divorce details

Only provide answers if applicable.

Have you/your spouse vacated former matrimonial home?	
Date YOU vacated:	
Date OTHER PARTY vacated:	
Previous separations? (Provide details)	
Are you and other party separated under one roof?	
If so, Date of Separation:	
Date of Decree Nisi of Divorce:	
Date absolute:	
What court:	<input type="checkbox"/> Family <input type="checkbox"/> Federal

New Partner's Details

Do you have a new partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, full name:	
Does spouse have new partner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Court:	
Date:	
Are there current or past Domestic Violence Orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Court:	
Date:	
Have you or your spouse ever been convicted of any offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Court:	
Date:	
Provide Details:	
Have you or your spouse been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

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Safety Concerns

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

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Has the Department of Family and Community Services been involved in your case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of children seen a Doctor as a result of family or domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doctor Details	
Name of Doctor:	
Address of Doctor:	
Telephone:	
Have you or the children seen a counsellor/ psychologist/ psychiatrist?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Business owners	Percentage of ownership	Value of 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.

Type	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 receipt)

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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