

Authority to disclose

By signing this form you authorise another person to communicate with Legal Services about your grant of legal aid and for Legal Services to disclose information relating to your matter.

Office use only File Number		Client ID	
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Client's details			
Name			
Title		Family name	
First name		Middle name(s)	
Address			
Address			
Suburb		State	Postcode
Birth date			
Phone number			
Email			
Authorised person's details <small>(you can list up to two people)</small>			
Person one		Person two	
Organisation <small>(if applicable)</small>		Organisation <small>(if applicable)</small>	
Title		Title	
Family name		Family name	
First name		First name	
Middle name(s)		Middle name(s)	
Address		Address	
Suburb		Suburb	
State	Postcode	State	Postcode
Phone number		Phone number	
Email		Email	
Birth date <small>(if relative or friend)</small>		Birth date <small>(if relative or friend)</small>	
Relationship to client <small>(eg mother, friend, counsellor)</small>		Relationship to client <small>(eg mother, friend, counsellor)</small>	
Client's authorisation			
<p>I authorise Legal Services to communicate with the authorised person/people listed above.</p> <p>I understand that by providing this authority, Legal Services may provide any information about my grant of aid to the person/people listed above. This will continue until I request the authority be removed, or after three months from when my file is completed. I understand I can withdraw this authority at any time.</p>			
Signed		Date	

Privacy statement: The information you give us on this form, will be used to allow us to communicate with another person on your behalf. This information will only be disclosed to the person you have nominated. It will not be given to another person or agency unless you give us permission, we are authorised or required by law, or it would be reasonably expected.