DUTY LAWYER FORM

Legal Services Commission OF SOUTH AUSTRALIA

Date…… Client Id…… Duty Session number……

Surname……	Address……
First Names……	……
Date of Birth / / Male / Female	Custody Y / N Institution……
Country of birth……	Telephone ……
Interpreter required Y / N Language……	Mobile……
Indigenous Y / N Family Violence Y / N	Pension or benefit Y / N Type……
Practitioner name……	Matter type: Criminal / Family / Civil Commonwealth / State
Firm name……	Court location……
Level of assistance……	Court type……Court number……
Referred to……	Appearing before……
Primary Matter……	Outcome……Next Crt Date……
Other……	Outcome……Next Crt Date……
Other……	Outcome……Next Crt Date……
Other……	Outcome……Next Crt Date……
Other……	Outcome……Next Crt Date……
Other……	Outcome……Next Crt Date……

Advice……

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