

## COMMONWEALTH FAMILY VIOLENCE AND CROSS-EXAMINATION OF PARTIES SCHEME

If there is an allegation of family violence in a family law case the court may tell you that there is a ban on personal cross-examination. This means that cross-examination of the other party must be conducted by a lawyer representing you.

If you have been told by the court that there is a ban on personal cross-examination you can–

- engage your own lawyer, or
- use this form to apply to the *Commonwealth Family Violence and Cross Examination of Parties Scheme* (the Scheme) for a lawyer.

**If you do not have a lawyer, you cannot cross-examine the other party. You must consider getting a lawyer now.**

Access to this Scheme is not limited by a means or merit test but you may be asked to contribute to the cost of the legal representation. This will depend on your ability to pay and your circumstances. Conditions apply to legal representation under the Scheme and ongoing representation is not automatic.

Legal representation under the Scheme will be available for the hearing (generally the final hearing) where cross-examination occurs. It includes preparing for that hearing and, where appropriate, for late-stage legally assisted family dispute resolution.

For you to receive legal representation under the Scheme you must agree to the following **conditions**:

- follow your lawyer’s advice,
- tell your lawyer every thing he or she needs to know about your case,
- provide any documents requested by us or your lawyer as soon as possible, and
- let us know if your address or phone number changes while you are receiving legal representation under the Scheme.

If you wish to apply to the Scheme, please complete the attached application form and email it to–

[Grants@lsc.sa.gov.au](mailto:Grants@lsc.sa.gov.au)

or deliver it to–

*159 Gawler Place, Adelaide*

or post it to–

*Legal Services Commission  
GPO Box 1718  
Adelaide, 5001*

**If you need assistance with this application please contact the FASS or duty lawyer service in the family law courts, or your local legal aid office.**

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### APPLICANT DETAILS

- Title** Mr / Mrs / Ms / Miss      **Other** \_\_\_\_\_
- Family name** \_\_\_\_\_  
**Given names** \_\_\_\_\_
- Do you use, or have you used, other names?** Yes / No  
If Yes, please give other names  
**Family name** \_\_\_\_\_  
**Given names** \_\_\_\_\_
- Date of birth**      /      /
- Gender** Female / Male / Transgender / Intersex or indeterminate / other
- Address** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_  
This email may be used for correspondence from us.  
**Postal Address (if different from above)**  
\_\_\_\_\_  
\_\_\_\_\_
- Do you identify as an Aboriginal or Torres Strait Islander?** Yes / No
- What is the main language spoken at home?**  
\_\_\_\_\_
- Do you need an interpreter?** Yes / No  
Language / dialect \_\_\_\_\_
- Do you have a disability or mental illness?** Yes / No  
Intellectual / physical / psychological / psychiatric / head injury, stroke / sensory – hearing, visual, speech
- Who are you in dispute with?**  
**Full name** \_\_\_\_\_  
**Full name** \_\_\_\_\_

### FINANCIAL INFORMATION

- Employed** Yes / No  
**Employment** income \$ \_\_\_\_\_ per wk (net)  
**Centrelink** income \$ \_\_\_\_\_ per wk (net)  
Type of payment \_\_\_\_\_  
**Other** income \$ \_\_\_\_\_ per wk (net)

### WHO DO YOU WANT YOUR LAWYER TO BE?

**Name** \_\_\_\_\_  
**Firm name** \_\_\_\_\_

In some cases you may not get the lawyer you name. If you do not name a lawyer, or the lawyer you name is not one who can be appointed under this Scheme, the Legal Services Commission will appoint a lawyer for you.

### CONFIDENTIALITY

Under s31A of the *Legal Services Commission Act 1977*, the information provided in your application form remains confidential in most cases. The information will be used—

- to assist with your legal representation,
- for inclusion in our records,
- to compile statistical information for use by us and our funders,
- to communicate with the courts about the status of your application.

To evaluate our service your name and telephone number may be provided to an organisation to undertake a client survey. If you object, please tick

### DECLARATION

I—

- agree to the conditions for legal representation under the Scheme as detailed on the front of this form, and
- have read the confidentiality statement and consent to the use of my information for the stated purposes.

All the information I have given is true and correct.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_