

Provision of Legal Services in Proceedings under the Adoption Act 1988 pursuant to the Memorandum of Administrative Agreement 2022

APPLICANT DETAILS

(Please note each adopting parent will need to complete this form)

1. **Family name** _____
Given names _____
2. **Do you use, or have you used other names?**
If yes, please give the other names
Family name _____
Given names _____
3. **Date of Birth**...../...../.....
4. **Gender** (please circle)
Female / Male / Transgender / Intersex or indeterminate / other
5. **Address** _____

Phone _____
Email _____
This email may be used for letters from us.
Postal Address (if different from above)

6. **Do you identify as Aboriginal or Torres Strait Islander?** Yes / No
7. **What is the main language spoken at home?**

8. **Do you need an interpreter?** Yes/No
Language / dialect _____
9. **Do you have a disability or mental illness?**
Yes / No (please circle if applicable)
Intellectual / physical / psychological / psychiatric / head injury / stroke / sensory – hearing, visual, speech

WHO DO YOU WANT YOUR LAWYER TO BE?

☐ I do not want to select a lawyer. (Please tick the box and we will select a lawyer for you).

Or please provide the following details:

Lawyer's Name _____
Firm Name _____
Contact Number _____

In some cases you may not get the lawyer you select. If you do not select a lawyer, the Legal Services Commission will select 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 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.

Name _____

Signature _____

Date _____

Please forward this completed form to the Legal Services Commission of SA

By email to: grants@lsc.sa.gov.au

By post to:

**Legal Services Commission
GPO BOX 1718
Adelaide SA 5001**