|  |  |  |
| --- | --- | --- |
| Legal Services Commission SA logo  Description automatically generated |  | ABN: 90 731 571 498 |
|  | A | 159 Gawler PlaceADELAIDE SA 5000Postal Address: GPO Box 1718ADELAIDE SA 5001DX 104 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Our reference:Contact:Telephone:Date: | FDR: FDR Unit(08) 8111 5534  |  | T | (08) 8111 5534 |
| F | (08) 8111 5632 |
| TTY | 133 677 then ask for 1300 366 424 |
| Legal Help Line 1300 366 424www.lsc.sa.gov.au |

**FDR BRIEFING LETTER**

Please complete this form and return to the FDR Unit via email to: FDRsecretary@lsc.sa.gov.au

**CLIENT:**

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Relationship to Child: | Click here to enter text. |
| Address: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |
| Solicitor: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |

 **OTHER PARTY:** (If multiple parties, please list on a separate page)

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Relationship to Child: | Click here to enter text. |
| Address: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |
| Solicitor: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |

**CHILDREN INVOLVED IN MATTER:**

| Name: | Date Of Birth: | Lives With: |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

 **ISSUES:** (Tick all that apply – please attach copies of all relevant documentation)

|  |  |
| --- | --- |
| Physical violence |[ ]  Current bail agreement (a copy MUST be provided to the FDR Unit) |[ ]
| Psychological abuse |[ ]  Substance abuse issues |[ ]
| Verbal abuse |[ ]  Mental health issues, including threats of suicide/self-harm |[ ]
| Financial abuse  |[ ]  Support services being accessed to address these concerns  |[ ]
| Domestic Violence Intervention Order (if there is a current DVIO a copy MUST be provided to the FDR Unit) | [ ]  | Previous mediation (please provide a copy of any agreements reached if these are available) |[ ]
| Past or current police involvement |[ ]  Interpreter required? Specify language/dialect |[ ]
| Past or current pending criminal charges |[ ]  Rural/regional/interstate location – telephone link up required? |[ ]

**BACKGROUND** Please include the following details where applicable:

|  |  |
| --- | --- |
| Length of relationship­­­­­­­­­­­­­­­­­­­­  | Date of separation |
| Click here to enter text. | Click here to enter text. |

Summary of background circumstances.

Click here to enter text.

Current spends time with/lives with arrangements for the child/ren.

Click here to enter text.

What are the specific and immediate concerns regarding the other party, if any?

Click here to enter text.

Orders/agreement being sought

Click here to enter text.

Any other relevant information. Please continue on a separate page if necessary.

Click here to enter text.