

LEGAL

HEALTH CHECK

Please Note: Completing this document does not create any obligation between you, the client or any legal service. The Legal Health Check identifies potential legal need. Please view the training module at www.legalhealthcheck.org.au for details.

Newly Arrived
v1.0

CLIENT NAME	
COMMUNITY AGENCY	
WORKER NAME	
DATE	
LEGAL SERVICE	
ADDRESS	
APPOINTMENT TIME	

1. Money Troubles (Debt)

Yes No Unsure

Is anyone chasing you for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have payments due or unpaid accounts? E.g. phone //Centrelink // Cash converters //electricity //car loan <i>Complete the table below for each debt, where possible.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Debt	Creditor (who you owe \$ to)	Amount owed (approx)	Instalment Payment amount and frequency	Contact Are you being contacted by phone? E.g. by debt collector?
e.g.	Telco	\$2500.00	\$100pfn	yes
1.				
2.				
3.				
4.				



Please attach copy of client's Centrelink and/or bank statement if possible

2. Unpaid Fines and Crime

Yes No Unsure

Do you have any unpaid fines (e.g. SPER/ SDR/ CCV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to explore your options? E.g. smaller instalments// Work orders// Waivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you due in Court or have any outstanding warrants in your name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS			

3. Housing Concerns

	Yes	No	Unsure
Have you recently been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your tenancy bond lodged and returned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you leave any belongings behind at recent accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any unpaid rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you or do you want to apply for government or community housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you on any tenancy blacklists e.g. TICA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS			

4. Relationships Would you like to discuss...?

	Yes	No	Unsure
Domestic violence orders you want, have or are subject to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangements, plans or orders about children? (e.g. who the child/ren live with, spend time with, or your involvement in major long-term issues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State child protection orders or concerns about you or any children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your rights in any personal relationship, including divorce or separation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about your experiences as a child, while you were in the care of adults or institutions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS			

5. Visa and Centrelink

	Yes	No	Unsure
Do you have any concerns about your visa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving the right income benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS			

6. Employment and Business

	Yes	No	Unsure
Have you signed any business contracts which you are concerned about?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are/were employed:			
Are you satisfied that your wage and conditions are fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive all your entitlements when you left (e.g. annual leave)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you paid superannuation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe you were unfairly dismissed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Car Problems

	Yes	No	Unsure
Have you been in a car accident recently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a car insurance company contacting you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you bought a car and want to discuss the contract or repayment plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had problems with car repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS			

8. Other

	Yes	No	Unsure
Do you have any other concerns that you would like to raise with a lawyer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please forward this form to your community lawyer.

For a list of local community lawyers check www.legalhealthcheck.org.au for details.

Privacy: If you keep a copy of a completed Legal Health Check, it is subject to your organisation's privacy obligations.



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