CLIENT INTERVIEW SHEET

CONFIDENTIAL



OUTREACH:	

Please fill in as much of the interview sheet as you can. Your summary of your legal issue allows our lawyers to prepare for your interview. We also use this information for statistical purposes, quality improvement and to keep our funding so that we can keep our services free.

Date:		Full name:				Family name las
Preferred name:		Address:				ramy name ras
Date of Birth:		Phone:				
Gender:		Email:				
Can we email you fo	r feedback? (🗸	´) Yes □ No □	Do you need an interpreter?	Yes □ No □	If yes, which language?	
Ethnicity (🗸)	African □ Māori □ Iwi & Hapū:	American Middle East	tern 🗆	Asian NZ European/Pā Other:		European 🗆 Pacific Islander 🛭
Employment Status	1. Waged: wo	orking full-time 🗖	2. Waged: working	g part-time 🏻	3. Unwaged:	not in paid employment \Box
Eligibility	1. I am on a b 4. I am a stud 7. Superannu	lent 🛭 5.11	nave a community s have a low/no incor None of the above			a resident of NZ
How did you hear about us?						
ur Legal Issue Have you used our so about this issue? (\sqrt		Yes □ No □	If yes, when?			Conflict check (office use only
about this issue? (
Who else is involved neighbour, ex-partne	The state of the s					
Who else is involved neighbour, ex-partne Please tell us briefly issue:	r (full-name)					
neighbour, ex-partne Please tell us briefly	r (full-name)					
neighbour, ex-partne Please tell us briefly	r (full-name)					
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neighbour, ex-partne Please tell us briefly	r (full-name)					
neighbour, ex-partne Please tell us briefly	r (full-name)					

LAWYER'S NOTES (office use only)

Rōia / Lawyer		Kaiāwhina				
FACTS:						
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ADVICE:						
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Did the client mention bein	g affected by $(\checkmark) - *if you to$	ck any category please alert the	kaiwhak	camanc	awa / staff mem	ber
Domestic violence	Sexual violence	Mental Health / Depress			awa / staff mem cidal thoughts	ber
Domestic violence Addiction	Sexual violence Homelessness					ber
Domestic violence Addiction Does the client have support i (If yes, please state)	Sexual violence Homelessness n place?	Mental Health / Depress				ber
Domestic violence Addiction Does the client have support i (If yes, please state) If no, would the client like hel	Sexual violence Homelessness n place? p to access support?	Mental Health / Depress				ber
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Domestic violence Addiction Does the client have support is (If yes, please state) If no, would the client like hele (If yes staff will arrange, or you please list org's / agencies you (*For lawyer referrals use the Interpolated Legal Category 1. ADMINISTRATIVE a) ACC b) Births, Deaths & Marriages i) Wills/estates/3PR c) Education d) Immigration/Citizenship e) Legal Aid f) Local Government g) LTSA h) Mental Health i) Ombudsman	Sexual violence Homelessness In place? Poto access support? In can, if comfortable to do so) In referred the client to awyer referral form) 2. CIVIL a) Consumer b) Employment c) Financial i) Bankruptcy d) Legal Entities e) Legal Systems f) Media g) Medico Legal h) Neighbours i) Human Rights	Mental Health / Depress Other? (please state) 3. CRIMINAL a) Crown Prosecution b) Local Government c) Police Prosecution i) Traffic 4. FAMILY a) Adult Relationships i) Family Property b) Care of Children i) Child Support		5. 6. a) b) c) d)	MĀORI LAW RILAS Temporary Visa Residence Visa RFSC Refugee Quota	