

## NEW CLIENT INTAKE FORM

**FAMILY LAW | COMMERCIAL LAW**

Thank you for choosing East End Legal. Please complete this form as fully as you can before your first appointment. It lets us open your file, complete our conflict checks and make the best use of your time with us. What you tell us is protected by our duty of confidentiality and, where it applies, legal professional privilege.

### How to complete and return this form

- Type directly into the pale blue boxes (tap a box on your phone, or click it on a computer) and tick the small boxes with a tap or click. You can also print the form and complete it by hand in black pen.
- Complete only the Parts that apply to you. Part 4 is for family law matters and Part 5 is for commercial matters.
- Sign Part 8, the Authority to Act and the Authority to Release Information. If you have legal aid, also sign the Legal Aid authority (last page).
- Email the completed form, with copies (not originals) of your identification and key documents, to [faros@eastendlegal.com.au](mailto:faros@eastendlegal.com.au), or bring it to your appointment.

**Please note:** Completing this form does not mean East End Legal has agreed to act for you. We act only once our conflict checks are complete and you have received and accepted our written Costs Agreement. Time limits can apply to your matter. If you have a court date or deadline in the next 14 days, please also phone us on (08) 7083 5858. If you or a child are in immediate danger, call 000.



The Law Society  
OF SOUTH AUSTRALIA

Gold Alliance Firm



Family Law Section



**PEXA**  
Member

### PART 1 - YOUR DETAILS

|                                                                           |                                                                                                                                 |                       |  |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| <b>Full legal name</b>                                                    |                                                                                                                                 |                       |  |
| <b>Other names used</b><br><i>Maiden name, aliases,<br/>trading names</i> |                                                                                                                                 |                       |  |
| <b>Date of birth</b>                                                      |                                                                                                                                 | <b>Preferred name</b> |  |
| <b>Residential address</b>                                                |                                                                                                                                 |                       |  |
| <b>Postal address</b><br><i>If different</i>                              |                                                                                                                                 |                       |  |
| <b>Mobile</b>                                                             |                                                                                                                                 | <b>Other phone</b>    |  |
| <b>Email</b>                                                              |                                                                                                                                 |                       |  |
| <b>Preferred contact</b>                                                  | <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> SMS |                       |  |
| <b>Is it safe to leave a message?</b>                                     | <input type="checkbox"/> Voicemail <input type="checkbox"/> SMS <input type="checkbox"/> Email                                  |                       |  |
| <b>If not, how can we contact you safely?</b>                             |                                                                                                                                 |                       |  |
| <b>Occupation</b>                                                         |                                                                                                                                 | <b>Employer</b>       |  |
| <b>Emergency contact</b>                                                  |                                                                                                                                 | <b>Their phone</b>    |  |
| <b>Their relationship to you</b>                                          |                                                                                                                                 |                       |  |

|                                    |                                                                                          |
|------------------------------------|------------------------------------------------------------------------------------------|
| Interpreter or accessibility needs | <input type="checkbox"/> Interpreter needed <input type="checkbox"/> Accessibility needs |
| Language or accessibility details  |                                                                                          |

## PART 2 - ABOUT YOUR MATTER

What do you need help with? Tick all that apply

### Family law

|                                                               |                                                  |
|---------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Parenting / children                 | <input type="checkbox"/> Property settlement     |
| <input type="checkbox"/> Divorce                              | <input type="checkbox"/> Child support           |
| <input type="checkbox"/> Spousal maintenance                  | <input type="checkbox"/> Intervention order      |
| <input type="checkbox"/> Financial agreement / consent orders | <input type="checkbox"/> Other family law matter |

### Commercial law

|                                                         |                                                                      |
|---------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Contract dispute               | <input type="checkbox"/> Debt recovery                               |
| <input type="checkbox"/> Purchase or sale of a business | <input type="checkbox"/> Company, partnership or shareholder dispute |
| <input type="checkbox"/> Commercial or retail lease     | <input type="checkbox"/> Business structure or advice                |
| <input type="checkbox"/> Contract drafting or review    | <input type="checkbox"/> Other commercial matter                     |

Other (please describe)

Briefly tell us what has happened and what help you need

|  |
|--|
|  |
|--|

What outcome are you hoping for?

|  |
|--|
|  |
|--|

|                                 |                                                                                                                                      |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Have court proceedings started? | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                             |
| Court and file number           |                                                                                                                                      |
| Next court date or deadline     |                                                                                                                                      |
| How urgent is your matter?      | <input type="checkbox"/> Urgent (within 14 days) <input type="checkbox"/> Soon (within 2 months) <input type="checkbox"/> Not urgent |

**PART 3 - OTHER PEOPLE INVOLVED (CONFLICT CHECK)**

We must check for conflicts of interest before we can act. Please list everyone connected with your matter: the other party or parties, their lawyers, related companies or trusts, and any other person we should know about.

| Full name                                                                              | Relationship or role | Address or contact (if known) | Their lawyer (if known) |
|----------------------------------------------------------------------------------------|----------------------|-------------------------------|-------------------------|
|                                                                                        |                      |                               |                         |
|                                                                                        |                      |                               |                         |
|                                                                                        |                      |                               |                         |
|                                                                                        |                      |                               |                         |
|                                                                                        |                      |                               |                         |
| Other names or entities to check<br><i>Former names, companies, trusts, associates</i> |                      |                               |                         |

**PART 4 - FAMILY LAW MATTERS ONLY**

|                                                                                          |                                                                                                   |                       |                                                          |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------|
| Relationship type                                                                        | <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Other |                       |                                                          |
| Relationship began                                                                       |                                                                                                   | Date of marriage      |                                                          |
| Date of separation                                                                       |                                                                                                   | Still under one roof? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child full name                                                                          | Date of birth                                                                                     | Lives mainly with     | School or childcare                                      |
|                                                                                          |                                                                                                   |                       |                                                          |
|                                                                                          |                                                                                                   |                       |                                                          |
|                                                                                          |                                                                                                   |                       |                                                          |
|                                                                                          |                                                                                                   |                       |                                                          |
| Current care arrangements                                                                |                                                                                                   |                       |                                                          |
| Existing court orders?<br><i>Parenting, property, intervention order, child support</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                       |                                                          |
| If yes, court, date and type of order                                                    |                                                                                                   |                       |                                                          |
| Safety concerns?<br><i>For you or your children</i>                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                       |                                                          |
| Brief details (or discuss in person)                                                     |                                                                                                   |                       |                                                          |
| Child protection involvement?                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                       |                                                          |
| If yes, details                                                                          |                                                                                                   |                       |                                                          |
| Financial snapshot (approximate figures are fine; we will ask for full disclosure later) |                                                                                                   |                       |                                                          |
| Real property<br><i>Address and estimated value</i>                                      |                                                                                                   |                       |                                                          |
| Your superannuation                                                                      |                                                                                                   | Their superannuation  |                                                          |

|                                                                             |  |                            |  |
|-----------------------------------------------------------------------------|--|----------------------------|--|
| <b>Other assets</b><br><i>Vehicles, savings, shares, business interests</i> |  |                            |  |
| <b>Debts</b><br><i>Mortgage, loans, cards, tax</i>                          |  |                            |  |
| <b>Your annual income</b>                                                   |  | <b>Their annual income</b> |  |

**PART 5 - COMMERCIAL MATTERS ONLY**

|                                                                   |                                                                                                                                                                          |                  |  |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|
| <b>Business or entity name</b>                                    |                                                                                                                                                                          |                  |  |
| <b>ABN / ACN</b>                                                  |                                                                                                                                                                          | <b>Your role</b> |  |
| <b>Entity type</b>                                                | <input type="checkbox"/> Sole trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other |                  |  |
| <b>Other party or parties</b><br><i>Name and ABN/ACN if known</i> |                                                                                                                                                                          |                  |  |
| <b>Key agreement or document</b><br><i>Type and date</i>          |                                                                                                                                                                          |                  |  |
| <b>Amount in dispute or value</b>                                 |                                                                                                                                                                          | <b>Key dates</b> |  |
| <b>Demand or notice given?</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                 |                  |  |
| <b>If yes, who sent it, and when</b>                              |                                                                                                                                                                          |                  |  |
| <b>Anything else we should know?</b>                              |                                                                                                                                                                          |                  |  |

**PART 6 - BACKGROUND AND FUNDING**

|                                                                                                                       |                                                                                                                                                             |                             |                                                          |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------|
| <b>Have you consulted another lawyer about this matter?</b>                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                    |                             |                                                          |
| <b>If yes, who, and when</b>                                                                                          |                                                                                                                                                             |                             |                                                          |
| <b>How did you hear about us?</b>                                                                                     |                                                                                                                                                             |                             |                                                          |
| <b>How will your legal costs be paid?</b>                                                                             | <input type="checkbox"/> I will pay privately <input type="checkbox"/> Legal aid <input type="checkbox"/> Other                                             |                             |                                                          |
| <b>Legal aid (if you hold or are applying for a grant, please also sign the Legal Aid authority on the last page)</b> |                                                                                                                                                             |                             |                                                          |
| <b>Grant status</b>                                                                                                   | <input type="checkbox"/> I hold a grant <input type="checkbox"/> Applied, waiting <input type="checkbox"/> Intend to apply <input type="checkbox"/> Refused |                             |                                                          |
| <b>Commission file number</b>                                                                                         |                                                                                                                                                             | <b>Client ID</b>            |                                                          |
| <b>Matter covered by grant</b>                                                                                        |                                                                                                                                                             | <b>Client contribution?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Contribution amount (if any)</b>                                                                                   |                                                                                                                                                             |                             |                                                          |

**PART 7 - DOCUMENTS TO SEND US**

|                                                                                                                                           |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <i>Please tick what you are sending (copies only, please keep your originals). Send what you have; do not delay to gather everything.</i> |                                                                                    |
| <input type="checkbox"/> Photo identification (licence or passport)                                                                       | <input type="checkbox"/> Court orders, applications and documents received         |
| <input type="checkbox"/> Correspondence from the other party or their lawyers                                                             | <input type="checkbox"/> Bank, loan and superannuation statements (last 12 months) |



|                                                                 |                                                                                              |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Tax returns and notices (last 2 years) | <input type="checkbox"/> Property valuations, rates notices, title searches                  |
| <input type="checkbox"/> Parenting plans, messages or reports   | <input type="checkbox"/> Contracts, invoices, company or ABN search and financial statements |
| <input type="checkbox"/> Intervention order documents           | <input type="checkbox"/> Previous legal advice, legal aid grant documents                    |

### PART 8 - DECLARATION AND CONSENT

I declare that the information in this form is true and complete to the best of my knowledge. I understand that:

- East End Legal will keep this information confidential and use it only to give me legal services, check for conflicts and administer my matter, in accordance with its Privacy Statement;
- completing this form does not create a solicitor-client relationship; East End Legal acts for me only after it has completed its conflict checks and I have received and accepted its written Costs Agreement, and it may decline to act;
- I must tell East End Legal promptly if any of this information changes.

☐ I consent to East End Legal communicating with me by email and SMS at the contact details above, understanding these channels are not completely secure.

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>Full name</b> |  | <b>Date</b> |  |
| <b>Signature</b> |  |             |  |

### FOR EAST END LEGAL USE ONLY

|                                 |                                                                                                                                                                 |                      |  |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|
| <b>Matter number</b>            |                                                                                                                                                                 | <b>Date received</b> |  |
| <b>Checks</b>                   | <input type="checkbox"/> Conflict check <input type="checkbox"/> ID verified <input type="checkbox"/> Clio opened <input type="checkbox"/> Costs Agreement sent |                      |  |
| <b>Responsible practitioner</b> |                                                                                                                                                                 | <b>Notes</b>         |  |



## AUTHORITY TO ACT

East End Legal Pty Ltd | 38 Tucker Street, Adelaide SA 5000

|                                                 |  |             |  |
|-------------------------------------------------|--|-------------|--|
| <b>Client name</b>                              |  | <b>Date</b> |  |
| <b>The Matter</b><br><i>Describe the matter</i> |  |             |  |

I authorise **East End Legal Pty Ltd**, its principal Faros Omidvour and the practitioners and staff working under his supervision (together, **East End Legal**) to act for me in the matter described above (the **Matter**). This includes authority to:

- give me legal advice and take my instructions;
- prepare, sign, file and serve documents and correspondence on my behalf, and communicate for me with the courts and their registries, the other party and their representatives, and anyone else reasonably required for the Matter;
- appear for me, or brief and instruct counsel to appear, at any hearing, mediation, conference or other process in the Matter;
- negotiate on my behalf, and receive and accept service of documents and notices for me where the rules allow;
- engage barristers, experts, agents, process servers and other service providers reasonably necessary for the Matter; and
- receive, hold and pay money for me in accordance with my Costs Agreement and East End Legal's trust account obligations.

### Limits of this authority

- **Settlement.** East End Legal will not settle the Matter, or agree to final orders, without my express instructions.
- **Scope.** This authority is limited to the Matter and to the scope of work in my Costs Agreement, which continues to govern fees and costs.
- **Duration and revocation.** It continues until the Matter is finished or I revoke it in writing. Revocation does not affect anything lawfully done before East End Legal receives it, or my liability for costs already incurred.
- **Copies.** A copy or electronic copy of this authority is as valid as the original.

### Nominated support person (optional)

|                                                 |                                                                                                                   |                     |  |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|--|
| <b>Name</b>                                     |                                                                                                                   | <b>Relationship</b> |  |
| <b>Phone or email</b>                           |                                                                                                                   |                     |  |
| <b>East End Legal may speak with them about</b> | <input type="checkbox"/> Appointments and administration only <input type="checkbox"/> The substance of my matter |                     |  |

I understand that discussing my matter with another person may affect the confidentiality or privilege of that information, and I can withdraw this permission at any time by telling East End Legal.

|                         |  |             |  |
|-------------------------|--|-------------|--|
| <b>Client signature</b> |  | <b>Date</b> |  |
|-------------------------|--|-------------|--|

## AUTHORITY TO RELEASE INFORMATION

East End Legal Pty Ltd | 38 Tucker Street, Adelaide SA 5000

|                                                 |  |                      |  |
|-------------------------------------------------|--|----------------------|--|
| <b>Client name</b>                              |  | <b>Date of birth</b> |  |
| <b>The Matter</b><br><i>Describe the matter</i> |  |                      |  |

I authorise **East End Legal Pty Ltd (East End Legal)** to request, collect, receive, use and disclose information and documents about me, to and from the persons and organisations I have ticked or listed below, for the purpose of advising me on, and progressing, the Matter.

|                                                                                          |                                                                                                                       |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Tick all that apply</b>                                                               |                                                                                                                       |
| <input type="checkbox"/> Courts, tribunals and court registries                          | <input type="checkbox"/> Legal Services Commission / legal aid                                                        |
| <input type="checkbox"/> The other party's lawyers and any Independent Children's Lawyer | <input type="checkbox"/> Current or former lawyers, barristers, mediators and family dispute resolution practitioners |
| <input type="checkbox"/> Doctors, psychologists, counsellors and other health providers  | <input type="checkbox"/> Services Australia (Centrelink, Child Support, Medicare)                                     |
| <input type="checkbox"/> Australian Taxation Office, accountants and bookkeepers         | <input type="checkbox"/> Banks, lenders, superannuation funds, financial advisers and insurers                        |
| <input type="checkbox"/> Employers                                                       | <input type="checkbox"/> Schools, childcare and early learning centres                                                |
| <input type="checkbox"/> South Australia Police and the Department for Child Protection  | <input type="checkbox"/> Valuers, real estate agents and land title records                                           |
| <input type="checkbox"/> ASIC and other business registries                              | <input type="checkbox"/> Experts and report writers engaged for the Matter                                            |

| Other person or organisation | Contact details | Information or documents | Direction                                                                                |
|------------------------------|-----------------|--------------------------|------------------------------------------------------------------------------------------|
|                              |                 |                          | <input type="checkbox"/> Get <input type="checkbox"/> Give <input type="checkbox"/> Both |
|                              |                 |                          | <input type="checkbox"/> Get <input type="checkbox"/> Give <input type="checkbox"/> Both |

- **Health information.** If I have ticked health providers, I specifically consent to East End Legal collecting and disclosing my health information (including mental health information) to the extent reasonably necessary for the Matter.
- **Children.** If I have ticked schools, childcare or health providers for my children, I confirm I am a parent entitled to ask for that information and that no court order restrains me from doing so.
- **Privilege preserved.** This authority does not waive legal professional privilege or confidentiality in my communications with East End Legal.
- **Use in proceedings.** I understand information and documents may have to be given to a court or other party as the rules or orders of the court require.
- **Duration and withdrawal.** This authority lasts until the Matter is finished or I withdraw it in writing. I understand that withdrawing it may limit East End Legal's ability to act. A copy or electronic copy is as valid as the original.

|                         |  |             |  |
|-------------------------|--|-------------|--|
| <b>Client signature</b> |  | <b>Date</b> |  |
|-------------------------|--|-------------|--|

## AUTHORITY - LEGAL AID

Legal Services Commission of South Australia | East End Legal Pty Ltd

|                                          |  |               |  |
|------------------------------------------|--|---------------|--|
| Client name                              |  | Date of birth |  |
| Residential address                      |  |               |  |
| Commission file number                   |  | Client ID     |  |
| The Matter<br><i>Describe the matter</i> |  |               |  |

I authorise the **Legal Services Commission of South Australia** (the **Commission**) to communicate with the authorised person named below about my grant of legal aid, and to disclose to that person information relating to my grant and my matter. I also authorise East End Legal to give the Commission the information it reasonably needs about my matter for the purposes of my grant, including to claim payment and to request further funding.

|                          |                                    |
|--------------------------|------------------------------------|
| <b>Authorised person</b> |                                    |
| Organisation             | East End Legal Pty Ltd             |
| Name                     | Faros Omidvour, Principal          |
| Address                  | 38 Tucker Street, Adelaide SA 5000 |
| Phone                    | (08) 7083 5858                     |
| Email                    | faros@eastendlegal.com.au          |

|                                                             |                                                              |
|-------------------------------------------------------------|--------------------------------------------------------------|
| <b>Information covered (tick all that apply)</b>            |                                                              |
| <input type="checkbox"/> Status of my application and grant | <input type="checkbox"/> Grant conditions and approvals      |
| <input type="checkbox"/> Commitment certificates            | <input type="checkbox"/> Further-funding requests            |
| <input type="checkbox"/> Client contribution and payments   | <input type="checkbox"/> Any other information about my file |

- **Privilege preserved.** This authority does not waive legal professional privilege or confidentiality in my communications with East End Legal.
- **Duration and withdrawal.** It continues until my matter and grant are finished or I withdraw it in writing to East End Legal and the Commission.
- **Commission form.** The Commission may also ask me to sign its own authority to disclose form. If so, I will sign it as well.
- **Copies.** A copy or electronic copy of this authority is as valid as the original.

|                  |  |      |  |
|------------------|--|------|--|
| Client signature |  | Date |  |
|------------------|--|------|--|