

referral form

Please complete and send this form to MALSteam@caxton.org.au

For secondary consultations, please call the MALS lawyer on 1800 861 977

Referral date:		CC (office use only)	yes	no
Full name of client:		DOB:	Gender:	
Safe phone no.:	Address:			
Has the client consented for MALS to contact them?	yes	no		
Urgent call back required?	yes	no		
Can we contact the client directly?	yes	no		
If no, why?				
What are the safety risks in contacting the client?				
Can we leave a message for the client?	yes	no		
Is an interpreter required?	yes	no	Language:	Aboriginal Torres Strait Islander

Full name of referrer:				
Phone no. of referrer:	Email of referrer:			

Full name of other/related parties	DOB (if known)	Relationship to client (if known)	CC (office use only)

Type of legal issue	Short description of issue
Human rights & discrimination	
Family & divorce	
Domestic violence	
Elder abuse	
Workplace issues	
Credit, debt & money issues	
Other	

Other comments:
