



NATIONAL FREE LEGAL SERVICES CLEARING HOUSE

CLIENT APPLICATION / IN – TAKE FORM

(FOR THOSE APPLYING FOR FREE LEGAL SERVICES)



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National database Clearing
House Reference Number:

PART 1: PERSONAL DETAILS

Client's Name (Surname first)			Prisoner No. (if applicable)		
Permanent Address (Indicate Town, Local Govt. and State of Origin)					
Contact Address					
Marital Status		Occupation			
Email Address			Religion		
Mobile Phone Number		Gender		Age	
Next of Kin					
Next of Kin Contact Address					
Next of Kin Mobile Phone No.			Alternate Mobile No.		
Occupation (if applicable)					
State Your Average Monthly Income (if					

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applicable)			
Explain the reason for applying for Free Legal Services			
Do you have a lawyer currently handling your case (TICK AS APPLICABLE)	Yes	No	
If Yes, state the name, address and phone number of the lawyer	Name of the lawyer	Contact phone number of the lawyer	Address of the lawyer
PART 2: CASE/OFFENCE DETAILS			
Is Client In Custody? (Yes/No)		Place of Detention (if in custody): Prison/Police State/Ors.	Date of Admission in Custody, if Applicable
Offence(s) and Law(s) under which they are charged.			
Court Hearing the Matter/Location			
Case Status		Charge Number	

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Last Date of Court's Sitting			
Next Adjourned Date /Action			
Need for Interpreter? (Yes/No)		Which Language?	
Bail Status: (Granted/Denied/Not Perfected)			

PART 3: ACKNOWLEDGEMENT AND SIGNATURE

I _____ hereby confirm that:

1. The information contained in this form is correct;
2. I agree that the Clearing House should manage my personal information in accordance with its policies.
3. I authorise the Clearing House to receive, request and transfer personal information and documentation concerning me for the purpose of providing free legal assistance;
3. I authorise the Clearing House to use my personal information anonymously to compile statistical data for the purpose of analysing and evaluating Clearing House services;
4. I authorise the Clearing House to give this information to its staff, law firms, barristers and other organisations for the purpose of assessing my eligibility for assistance and for providing such assistance;
5. My authority continues until I withdraw it in writing.

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I further understand and agree that:

6. The Clearing House does not grant assistance to applicants but acts merely as an intermediary between those that need legal assistance and the lawyers/organisations willing and able to provide such assistance;
7. I shall have no right of action against the Clearing House in any event arising from this application or its referral by the Clearing House;
8. My application may be refused if I have provided false information;
9. The Clearing House may retain my name and contact details for its records; and
10. The Clearing House has no legal responsibility or liability to me where my application is declined by the Clearing House;
11. Where my application has been assigned to a member law firm or lawyer, I authorise the law firm or lawyer to report to the Clearing House on the progress and outcome of the matter on a confidential basis and I also authorise the Clearing House to monitor the progress of the case and to take any action it deems necessary to ensure qualitative legal representation.

Signature of Applicant/Client

Date:

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PART 4: Facts of the Client's Case (To be completed by Paralegals/Lawyers/Administrative Staff)

Empty box for client case facts.

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Form submitted with the consent and on behalf of the Client by:

Name/Post/Signature/Date			
Address			
Mobile Phone No.		Email Address	

State Reference Number:

Request Approved <input type="checkbox"/>		Refused <input type="checkbox"/>		by:	
Name/Post		Date		Signature	
Reason(s) for approval or Refusal of request:					

