



**RAILS**  
Refugee and Immigration  
Legal Service

**ADVICE**   
**LEGAL TASK**   
**NO:**

**Mode of service:**

In person: EAS   
In person: Daytime advice   
Phone advice   
Mail advice   
Outreach advice: \_\_\_\_\_

**DATE OF SERVICE:**

**CLIENT DETAILS**

<b>First Name:</b>	<b>D.O.B:</b>
<b>Surname:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Post Code:</b>
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Country of birth:</b>
<b>Language spoken at home:</b>	<b>Current visa:</b>
<b>Requires Interpreter:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date of arrival in AUS:</b>
<b>Spoken English:</b> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not all all <input type="checkbox"/> Not stated <input type="checkbox"/>	
<b>Written English:</b> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not all all <input type="checkbox"/> Not stated <input type="checkbox"/>	
<b>Aboriginal or TSI:</b> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, TSI <input type="checkbox"/> Both <input type="checkbox"/>	
<b>Disability:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, describe:	
<b>Family type:</b> Two parent family with dependent children <input type="checkbox"/> No. of dependents _____ Sole parent family with dependent children <input type="checkbox"/> No. of dependents _____ Not living in a family (shared house, hostel, alone) <input type="checkbox"/> Other:	
<b>Relationship status:</b> Never married: <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Seperated <input type="checkbox"/> Married (de facto) <input type="checkbox"/> Not stated <input type="checkbox"/>	

**EMPLOYMENT DETAILS**

<b>Status:</b> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:	<b>Centrelink income:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what:	<b>Income level:</b> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> No income <input type="checkbox"/>	<b>Income source:</b> Earned <input type="checkbox"/> Government allowance <input type="checkbox"/> No income <input type="checkbox"/> Other:
<b>Any Dependants:</b>			

**PROBLEM DETAILS**

**Description:**

**Other parties involved:** DIBP  Other party  Related client

Name	Date of Birth	Relationship

**MIGRATION AGENT TO COMPLETE THIS PAGE**

<b>Name:</b>	<input type="checkbox"/> Volunteer advisor <input type="checkbox"/> Caseworker	
<b>Consumer guide provided:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Interpreter used:</b> No <input type="checkbox"/> Yes: Telephone <input type="checkbox"/> On site <input type="checkbox"/>	<b>Job number:</b>
<b>Critical Dates (if any):</b>  <b>Client informed of dates:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Domestic Violence Indicator:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> At risk <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown <input type="checkbox"/>	
<b>Financial Disadvantage Indicator:</b>	Yes, does not have means to pay <input type="checkbox"/> Yes, Centrelink benefit <input type="checkbox"/> Yes, cannot access finances temporarily <input type="checkbox"/> Yes, other – see notes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>Homelessness Indicator:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> At risk <input type="checkbox"/> Unknown <input type="checkbox"/>

**PROBLEM TYPE:**

<input type="checkbox"/> Immigration Bridging Visas	<input type="checkbox"/> Immigration Other Visa
<input type="checkbox"/> Immigration Change of Status General - Onshore	<input type="checkbox"/> Immigration Partner – Offshore
<input type="checkbox"/> Immigration Economic	<input type="checkbox"/> Immigration Partner – Onshore
<input type="checkbox"/> Immigration General – Offshore	<input type="checkbox"/> Immigration Refugee/Humanitarian – Offshore
<input type="checkbox"/> Immigration Health/Character	<input type="checkbox"/> Immigration Refugee/Protection Visa – Onshore
<input type="checkbox"/> Immigration Law	<input type="checkbox"/> Immigration Temporary Visas
<input type="checkbox"/> Immigration Ministerial Intervention	<input type="checkbox"/> Immigration Tribunal/Appeal
<input type="checkbox"/> Immigration Other Family – Offshore	<input type="checkbox"/> Immigration Unlawful
<input type="checkbox"/> Immigration Other Family – Onshore	<input type="checkbox"/> Immigration Visitor
<input type="checkbox"/> Immigration Orphan Relative	<input type="checkbox"/> Immigration – Family Violence Provisions
<input type="checkbox"/> Immigration Judicial Review	<input type="checkbox"/> Immigration Miscellaneous

**REFERRAL FROM:**

**REFERRAL TO:**

**REASON FOR REFERRAL:**

**CONFLICT CHECK (STAFF ONLY)**

<b>Client history:</b>	<input type="checkbox"/> No record <input type="checkbox"/> Record older than 7 years	<input type="checkbox"/> Record attached Record no.
<b>Conflict of Interest:</b>	<input type="checkbox"/> No conflict	<input type="checkbox"/> Conflict
<b>Checker:</b>	<b>Date:</b>	



