

REFERRAL TO LAUNCESTON COMMUNITY LEGAL CENTRE

Send referrals to admin@lclc.net.au



Referring organisation

Organisation
Location
Referring Staff member's Name
Phone Number
Email

Client Details

Client Name (including any alias)			
Client Phone Number		Is it safe to leave a message stating LCLC called	YES NO
Is an interpreter required?	YES	Which language?	
Any other communication barriers?	NO	YES – if so, provide some details	

Other Party Details

Name	
Date of Birth	Relationship to Client
Address	

Client Authority

Has authorisation been obtained to provide client details to LCLC?	YES	NO	Referring Staff Member's Signature
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Reason for Referral – include any court proceedings number and next court date if relevant, including type of legal issue. Please do not include ANY client instructions.

SIGNED