REFERRAL TO WOMEN'S LEGAL SERVICE TASMANIA

Referring Agency

Agency	
Location	
Referring Solicitor	
Phone Number	
Email	

Client Details

Client Name (including any alias)			
Client Address			
Client Phone Number			
Client D.O.B.			
Is an interpreter required?	YES	**Which language?**	
Is the client eligible for Legal Aid?	YES	NO	

Client Authority

Has authorisation been obtained to provide client details to WLST?	YES	NO	**Referring Solicitor Signature**

Reason for Referral

SIGNED