

FAMILY LAW CLIENT REGISTRATION INFORMATION

Please complete the details below to assist us to accurately open your file and prepare documentation on your behalf.

Your name: _____ Date: _____

Your details ...	Other Party's details ...
Surname: _____	Surname: _____
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Maiden Name: _____	Maiden Name: _____
Date of Birth: _____	Date of Birth: _____
Place of Birth: _____	Place of Birth: _____
Phone (h): _____	Phone (h): _____
Phone (m): _____	Phone (m): _____
Phone (w): _____	Phone (w): _____
Address: _____ _____ _____	Address: _____ _____ _____
State _____ Postcode _____	State _____ Postcode _____
Email Address: _____ _____	Email Address: _____ _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____

Please indicate your preferred method of contact
(if you do not wish to be sent correspondence by email or post address **DO NOT** tick)

☐ Phone
 ☐ Email
 ☐ Postal
 ☐ OTHER {EXPLAIN} _____

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Date you started living together: _____ Date of Marriage: _____

Date of Separation: _____ Date of Divorce(if Applicable): _____

Dependants:

Child 1

Full Name: _____

Date of Birth: ____/____/____ M F

Lives with: _____

Child 2

Full Name: _____

Date of Birth: ____/____/____ M F

Lives with: _____

Child 3

Full Name: _____

Date of Birth: ____/____/____ M F

Lives with: _____

Child 4

Full Name: _____

Date of Birth: ____/____/____ M F

Lives with: _____

What issues would you like to address?

-
-
-
-
-
-
-
-

How did you hear about our firm?

Referral (if so who) _____ Internet _____ Other _____

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The charge for this initial conference:

- *one hour is \$400.00 inclusive of GST*
- *two hours \$750 inclusive of GST.*

This amount is payable today.

Please sign and date below once completed.

Sign: _____ Date: _____

Have you signed the Trust Account Authority on the next page?

For Office Use Only:-

File opened by: MLM – ALP - SZJ

Data entered by: MLM – ALP - SZJ

Retainer required: Y / N

Credit limit: \$_____ Billing trigger: \$_____

FAMILY LAW CLIENT REGISTRATION INFORMATION

TRUST ACCOUNT AUTHORITY

To: Elringtons
Solicitors
GPO Box 807
CANBERRA ACT 2601

TRUST ACCOUNT AUTHORITY

Authority for Transfer - Trust Moneys and Controlled Moneys

I hereby authorise Elringtons to transfer funds from the trust account and/or controlled money account maintained on my behalf to the firm's office account at any time during the conduct of this matter provided such funds are applied towards:

- (i) disbursements outstanding and paid by the firm provided an outline bill has been submitted to me; and / or
- (ii) fees and disbursements owing providing an outline bill has been submitted to me.

The reference to funds in this authority shall include:

- (a) any funds received on behalf of me by the firm; and / or
- (b) any unapplied trust money.

I acknowledge that you may from time to time, but not more frequently than once in each calendar month, deliver to me an interim account of disbursements incurred and costs claimed to be due to you and fees claimed to be due to you for so much of the legal work and services account together with a Statement of Account on completion of the legal work and services.

DATED this day of 2014

Sign:.....