**Application Form**

**Send your completed form to:** [**info@tearature.co.nz**](mailto:info@tearature.co.nz)

**Authority and Agreements:** This section confirms your authority to make the application, on the client’s behalf, and the client’s agreement to our General-Client Terms and Privacy Policy.

|  |  |
| --- | --- |
| Do you have authority, in writing, to submit this application on behalf of the client? "in writing" means signed, text or email |  |
| Has the client agreed, in writing, to our General - Client Terms (including the acknowledgments and authorisations)? |  |
| Has the client agreed, in writing, to our Privacy Policy? |  |

**Contact Information:** This section asks for the client contact details and your contact details.

|  |  |
| --- | --- |
| Client's First Name |  |
| Client's Last Name |  |
| Client's Email |  |
| Client's Mobile |  |
| Client's landline |  |
| Client's Contact Address |  |
| Client's Physical Location (Town/City) |  |
| Your First Name |  |
| Your Last Name |  |
| Your Email |  |
| Your Work Mobile |  |
| Your Office Phone |  |
| Name of Organisation/Law Centre |  |

|  |  |
| --- | --- |
| Please outline any details on how we should contact you or the client, keeping in mind the safety of the client. Eg. any safety issues, language/capacity |  |

**Access and Eligibility:** This section asks for the disclosure of the client’s safety and access issues, if any. It also requests the client’s financial information so we can assess the client’s financial eligibility.

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| Please outline any details on how we should contact you or the client, keeping in mind the safety of the client. Eg. any safety issues, language/capacity issues, contact through guardian/social worker etc |  | |
| Please outline any access issues, keeping in mind reasonable accommodations that might need to be made to ensure the client receives appropriate support. Examples include disability, age, or language barriers. |  | |
| Does the client require face-to-face interaction? | |  |

|  |  |
| --- | --- |
| Is the family receiving a main benefit from MSD? |  |
| What is the total family income for the last 12-months (estimate)? |  |
| How many people in the household? "household" includes client, partner and dependents |  |
| Does the family own its primary place of residence? |  |
| If family home is owned, estimated value of family home? |  |
| If family home is owned, mortgage remaining on family home? |  |
| Cash, savings, term deposits (excluding Kiwisaver) |  |
| Estimated value of other assets? Do not include household chattels or family car. Please include family trust, other land, boats, other vehicles. |  |
| Estimated value of other debts? Do not include the mortgage on the family home or money owed on family’s main car. |  |

**Matter Details:** This section asks for a description of the client’s legal issue and a description about how the client’s circumstances limit him/her from accessing justice. We also ask for the disclosure of information to enable the lawyer to run a conflicts check.

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| What has happened/what is the issue? |  |
| Tell us a little about the client's background and personal circumstances. We'd like to know about any access to justice issues they face or factors that will make this case appealing to pro bono lawyers. This might relate to age, disability, income, ethnicity, family violence, membership of a marginalised communities (such as new arrival, LGBTQI+), unstable housing, or being a sole parent |  |
| What is the client wanting to achieve? |  |
| What help is needed from a lawyer? We're interested in understanding what you think a lawyer should do to help resolve the issue. This could include basic advice, an opinion, assistance with resolving a dispute, writing to the other side, help with a transaction or procedure, or litigation. |  |
| What documents and evidence could be made available for a lawyer to inspect? |  |
| Tell us about any upcoming court dates or hearings, or any other deadlines? |  |
| If other parties are involved, please provide their names |  |
| Please provide the names of any lawyers this referral should not be offered to, such as lawyers for the other parties or where conflicts might exist. |  |
| Please provide the names of any related parties. |  |