

	CLIENT DETAILS
Full Name	
D.O.B	
Contact number	
Email	
Address	
Is your inquiry regarding child sexual or physical abuse? If yes please continue with this form, if no please provide a quick summary of your matter and we will divert your inquiry to the best person.	
Are you inquiring on behalf of yourself or someone else?	
Have you ever received a payment arising from <u>any</u> child sexual <u>or physical abuse you experienced?</u>	
If yes, did you receive payment from National Redress Scheme or a civil cliam in the last 5 years	

DETAILS OF ABUSE	
Who was the person who abused you?	
If you do not know their name, are you able to provide a description of the person?	
What was their relationship to you/how did you meet this person?	



Where did the abuse occur?	
How old were you when the abuse occurred?	
On how many occasions did the abuse occur?	
If you feel comfortable, please briefly describe the nature of the abuse, for example, did the abuse include touching, fondling, kissing or penetration?	
Was there any physical abuse involved? For example, hitting, kicking etc.	
Were you a ward of the State?	
Did you try report the abuse to anybody at the time?	
Have you reported the abuse to anyone since that time?	

IMPACTS OF THE ABUSE	
Have you ever been diagnosed with a mental health condition?	
Have you ever been dependent on drugs or alcohol?	
Have you ever experienced any other traumatic events? For example, a bad car accident, an assault, or domestic violence	
Have you ever been on the Centrelink Disability Pension? If so, what condition is this for?	
Have you ever received any other compensation, for example for a	



Motorvehicle accident or workers compensation?	
Have you been incarcerated as an adult and if so, how long?	