



@ Ballarat Community Health

## Youthlaw Ballarat Referral Form

Use to refer a young person with a legal problem to Youthlaw Ballarat

### Worker's Details

Name:

Email/Phone:

Organisation:

### Young Person's Details

Name:

Date of birth:

Phone:

Email:

Address:

Young person has consented to referral:

Date:

**Other Party/Parties' Details\*** – Person/s or organisation/s the young person is in conflict with.

Party one, name:

\*\*Party two, name:

Date of birth:

Date of birth:

Address (if known)

Address (if known):

\*This information is needed to conduct a conflict check. If Youthlaw has a conflict we will not be able to assist the young person. Instead, we will notify the worker and provide suggestions for other lawyers who may be able to assist.

\*\*If there are more than 2 additional parties, please provide any additional party's details on a separate sheet.