

## Legal Referral Checklist

### How to use this checklist:

This checklist is for **professionals working with people with disability**. It might be useful for **disability advocates, counsellors, and support workers**. It should take **5–10 minutes** to complete.

You can use it at any stage to **identify if your client should consider getting legal advice** before sharing their story with the Disability Royal Commission (“DRC”).

The checklist is not exhaustive. Your client can get legal advice about topics not on this list.

### What to do

1. **Complete** the Legal Referral Checklist.
  - A) If there is a ‘**yes**’ to **any of the questions**, then your **client should consider getting legal advice** OR
  - B) If your client wants their submission or documents reviewed by a lawyer; then
2. **Discuss contacting Your Story Disability Legal Support (“Your Story”)** with **your client**. If your client consents to Your Story providing legal advice:
  - A) Call Us on 1800 77 1800 to book a legal appointment and send [yourstorydisability@legalaid.qld.gov.au](mailto:yourstorydisability@legalaid.qld.gov.au) the completed referral checklist; or  
  
Send a completed referral form and completed checklist to [yourstorydisability@legalaid.qld.gov.au](mailto:yourstorydisability@legalaid.qld.gov.au)
  - B) If you are sending a copy of your client’s submission for review, send it, and this completed Checklist to [yourstorydisability@legalaid.qld.gov.au](mailto:yourstorydisability@legalaid.qld.gov.au) **at least 1 day before** the booked appointment.

**Note: Answering ‘yes’ to any question on the checklist means your client should strongly consider getting legal advice.**

Legal advice can empower them to decide whether, and how, to safely share their story with the DRC. It does not mean there is a ‘legal problem’ or your client is in legal trouble.

# YOUR STORY

DISABILITY LEGAL SUPPORT

Free, independent legal support to share your story with the Disability Royal Commission

A joint initiative of:



**NATSILS**  
National Aboriginal and Torres Strait Islander Legal Services  
TRUIS JUSTICE FOR ALL PEOPLE

Advocate/Support worker name & organisation:

Client name:

Page | 2



Royal Commission  
into Violence, Abuse, Neglect and  
Exploitation of People with Disability

## DRC process

1. Do you have questions about the DRC's process and procedures?

Yes    No



## Confidentiality and Privacy

2. Are you worried about the privacy of your story?

Yes    No

3. Do you want to know how to keep your story confidential?

Yes    No

4. Are you describing any activity you think might be illegal in your story?

Yes    No

5. Are you sharing a story on behalf of somebody else?:

Yes    No

a. Does the other person know you intend to tell their story?

Yes    No

b. Have they agreed to their story being shared?

Yes    No



## Naming names

6. Do you want to name an organisation or person in your story?

Yes    No

Call 1800 77 1800 or visit [www.yourstorydisabilitylegal.org.au](http://www.yourstorydisabilitylegal.org.au)



## Legal action — past or present

|   |   |
|---|---|
| <p>7. Have you:</p> <p>a. previously made a complaint or taken legal action about the issue/events in your story?</p> <p>b. signed any legal documents as a result of the issues/events in your story (for example, a settlement agreement or non-disclosure agreement)?</p>    | <p><input type="checkbox"/> Yes    No <input type="checkbox"/></p> <p><input type="checkbox"/> Yes    No <input type="checkbox"/></p>   |
| <p>8. Have you previously given evidence to a different Royal Commission or parliamentary inquiry about your story?</p>   | <p><input type="checkbox"/> Yes    No <input type="checkbox"/></p>  |
| <p>9. Does your story relate to, or is it about:</p> <p>a. family violence?</p> <p>b. a family violence order you are named in?</p>   | <p><input type="checkbox"/> Yes    No <input type="checkbox"/></p> <p><input type="checkbox"/> Yes    No <input type="checkbox"/></p>   |
| <p>10. Are you currently involved in a legal case which relates to your story?</p>  | <p><input type="checkbox"/> Yes    No <input type="checkbox"/></p>  |
| <p>11. Are you currently trying to negotiate or settle a dispute with a person or organisation which relates to your story?</p>   | <p><input type="checkbox"/> Yes    No <input type="checkbox"/></p>  |
| <p>12. Does your story talk about:</p> <p>a. guardianship or mental health tribunal proceedings?</p> <p>b. family law proceedings?</p> <p>c. Coroner's Court (inquest) proceedings?</p> <p>d. care and protection matters or involvement with child protection authorities?</p> | <p><input type="checkbox"/> Yes    No <input type="checkbox"/></p> |



## Retribution/Payback

|   |  |
|---|--|
| <p>13. Are you concerned or worried about retribution or payback if you share your story?</p> | <p><input type="checkbox"/> Yes    No <input type="checkbox"/></p> |
|---|--|

14. Is your story about:

- a. something you saw or that happened at work?
- b. something that has happened where you still live, work or study?
- c. something to do with a service provider you still work with?

Yes    No

Yes    No

Yes    No

Page | 4



### Client documents

15. Do you want to give any of the following to the DRC?

- a. Documents from your work
- b. Documents obtained from government organisations
- c. Documents obtained through a court process like discovery
- d. Medical records
- e. Information obtained through secret recordings

Yes    No

Yes    No

Yes    No

Yes    No

Yes    No



### Other

16. Are there any other questions/issues you are concerned about or want to raise?

Yes    No

17. Are there any other legal issues you are worried about, such as fines, NDIS, trouble with your landlord etc?

Yes    No

**Refer to 'Why use the Your Story Referral Checklist' for more information about identifying legal issues**