

5.1 Legal Aid – Part 1 (Initial consultation)

This program provides assistance with legal fees for a two-hour consultation with a legal representative. If further legal assistance is required members should complete the '5.2 Legal Aid – Part 2 (Further legal costs) form.

Need help with this form? Freecall 1800 014 401

Returning this form

Email: applications@ibngroup.com.au
Post: PO Box 2390, South Hedland, WA, 6722
Fax: (08) 9140 0998
In person: 3 Brand Street, South Hedland
973 Central Road, Tom Price
Unit 3, 4 Welcome Road Karratha

Benefits, exclusions and conditions

Refer to the Community Programs Handbook or visit ibngroup.com.au

Required documentation

See 'Required Documentation' check box. Applications cannot be processed until all required documentation is provided.

Processing time

Up to 7 working days once all documentation is received.

IBN Community Member applying for assistance

1 First given name

Second given name

Last name

2 Have you been known by any other name?
No
Yes Provide name

3 Your date of birth
 / /

4 Your gender
Male Female Other

5 Language group
Yinhawangka Banyjima Nyiyaparli

6 Mobile phone number
(to be used to advise you of the progress of your application)

This is my current number, please update my record
This is a temporary number, please do not update my record

7 Email address

8 Current home address

Postcode

9 Is your current address the same address you registered with IBN?
No You will need to complete an 'Update personal details form' and attach it to this application.
Yes

10 Are you making this application:
For yourself
As a guardian, trustee or agent for an IBN Community Member
Other legal entity in which you have substantial legal or beneficial interest
On behalf of an IBN Representative Corporation

Assistance requested

11 Expense 1
Name of supplier to be paid Amount required
\$

Expense 2
Name of supplier to be paid Amount required
\$

Expense 3
Name of supplier to be paid Amount required
\$

Expense 4
Name of supplier to be paid Amount required
\$

Expense 5
Name of supplier to be paid Amount required
\$

Office use only
Date received / / CP#
Received by
IBN Corporation Pty Ltd | ACN 093 140 240

12 Name of legal representative


Phone number

Address of legal firm

Postcode

Email

Required Documentation

13  To enable IBN to assess your application quickly and accurately you must provide the following documents when submitting your application.

Supplier quotes/invoices including supplier payment details

Declaration

14 I declare that:

- the information I have provided in this form is true and correct.
- the assistance requested is for my own use, or as stated at question 11.

I agree to:

- my information being shared with or checked by other organisations for application assessment purposes.

Signature

Date

/ /
