

Client authority to discuss grant of aid

Use this form to authorise another person to communicate with Legal Aid Queensland about your grant of aid.



File number		Client ID	
Client's details			
Name			
Title		Family name	
First name		Middle name(s)	
Address			
Address			
Suburb		State	Postcode
Birth date			
Phone number			
Email			
Authorised person's details <i>(you can list up to two people)</i>			
Person one		Person two	
Organisation <i>(if applicable)</i>		Organisation <i>(if applicable)</i>	
Title		Title	
Family name		Family name	
First name		First name	
Middle name(s)		Middle name(s)	
Address			
Suburb			
State		Postcode	
Phone number			
Email			
Birth date <i>(if relative or friend)</i>		Birth date <i>(if relative or friend)</i>	
Relationship to client <i>(eg mother, friend, counsellor)</i>			
Signature			
Client's authorisation			
<p>I authorise Legal Aid Queensland to communicate with the authorised person/people listed above.</p> <p>I understand that by providing this authority, Legal Aid Queensland may provide any information about my grant of aid on the file number listed to the person/people listed above. This will continue until I request the authority be removed, or after three months from when my file is completed.</p> <p>I understand I can withdraw this authority at any time.</p>			
Signed		Date	

Privacy statement: The information you give us on this form, will be used to allow us to communicate with another person on your behalf. This information will only be disclosed to the person you have nominated. It will not be given to another person or agency unless you give us permission, we are authorised or required by law, or it would be reasonably expected. For more information about privacy, contact privacy@legalaid.qld.gov.au.