



Annex 1

Legal Aid Referral Form

Instructions
<ul style="list-style-type: none"> - Use this form to refer victims of domestic abuse for legal aid pursuant to Domestic Violence Prevention Act (3/2012) - For inquiries relating to this form please feel free to contact Family Protection Authority on 3010551 by telephone.

1. Details of the victim

Full name:	Present address:
Phone number:	Email address:
Sex:	

2. Type of abuse

Please tick as appropriate		
(1) <input type="checkbox"/> Physical abuse	(10) <input type="checkbox"/> stalking	(15) <input type="checkbox"/> confining the victim to a place or restricting their movement against their will
(2) <input type="checkbox"/> Sexual abuse	(11) <input type="checkbox"/> damage to property	(16) <input type="checkbox"/> attempting to commit any of the aforementioned acts, or causing apprehension of fear in a person that such an act may be committed
(3) <input type="checkbox"/> Verbal and psychological abuse	(12) <input type="checkbox"/> entry into, and being present thereafter at the residence of the victim of domestic violence without consent, in cases where the parties do not share the same residence	(17) <input type="checkbox"/> causing a child to witness or hear an act of domestic violence or presenting or placing a child in such a situation where the child may witness or hear an act of domestic violence
(4) <input type="checkbox"/> Imposition of financial or economical restriction	(13) <input type="checkbox"/> any other act which may be perceived as an act of violence, or one of asserting control over the victim of domestic violence	
(5) <input type="checkbox"/> Impregnating the wife, without concern to her health condition and against the advice of a medical doctor to refrain from impregnation for a specific period of time	(14) <input type="checkbox"/> coercing, intimidating or forcing a person to do	

(6) <input type="checkbox"/> Impregnating a woman without her consent, while she is trying to get out of an abusive relationship (7) <input type="checkbox"/> Deliberately withholding property of a person (8) <input type="checkbox"/> Intimidation (9) <input type="checkbox"/> Harassment	something which a person would not have done or would not have wanted to do with their own volition	
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3. Description of the abuse

If the matter is deemed to require immediate, urgent response, you may provide additional details of the abuse here.

4. The current situation of the victim

Relationship with the perpetrator		
Does the victim dwell in the perpetrator's home?		
Number of children below 18 years of age	Male:	Female:
Number of children with special needs	Male:	Female:
Number of people under victim's legal guardianship		
If the victim has a permanent job, specify victim's occupation		
If self-employed or employed on wage-basis, specify the type of work.		

5. Victim's monthly income and expenditure

Details	Amount
Average monthly income (income from all sources)	
The normal variation between highest and lowest income (being the difference between the highest and lowest monthly incomes)	
Monthly non-discretionary expenditure including rent, utilities, school fees of children and other such necessary expenses.	

6. Referred by

Agency's name	
Contact number and email address	

Note: The referrals will be assessed with reference to the criteria for determining eligibility for legal aid before legal aid will be granted.