

Autonomy First Lawyers

**Client Registration Form and Will
Instructions**

Solicitor: _____

Client No.: _____ Date: _____

Title: _____

Full Name: _____

Address: _____

Email: _____

Main phone: _____

Mobile: _____

Home: _____

Aboriginal or
Torres Strait
Islander?Other
cultural,
language or
education
issues?

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Residence: _____

Driver's Licence No.: _____

Title: _____

Full Name: _____

Address: _____

Email: _____

Main phone: _____

Mobile: _____

Home: _____

Aboriginal or
Torres Strait
Islander?Other
cultural or
language or
education
issues?

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Residence: _____



Company/Firm: _____

Driver's Licence

No.:

Company/Firm: _____

Occupation: _____

Occupation: _____

Job Title: _____

Job Title: _____

Summary of Instructions:

Making The Appointments

If you want us to help you appoint your personal representatives you need to tell us: (please fill this out or tell us this information separately):

Who you are:

Where you live:

What is your date of birth:

What property you have:

Possessions:

Assets (e.g. cash and Bank accounts

Other property:

Who is in your family:

Who you want to appoint to help with:

1. Your legal, business, contract, and financial decisions:

- a. What is the first representatives' full name and address?

- b. If that person is not available to help, who should act instead of them? Please give us their full name and address:

- c. What kinds of decisions do you want them to help you manage?

- d. What kinds of property that you own do you want them to help you manage?

- e. Is there anything you do not want them to do for you?

2. Your health medical and lifestyle decisions:

- a. What is the first representatives' full name and address?

- b. If that person is not available to help, who should act

instead of them? Please give us their full name and address:

c. What kinds of medical and health decisions do you want them to help you manage?

d. What kind of lifestyle do you want them to help you manage?

Is there anything you do not want them do for you?

How do you want contact with you managed?

Who you want to benefit from your property while you are alive other than the people contracted to provide services to you?

The law says unless you make a will, if you are unmarried and have no domestic partner and no children your property is given to such of your parents who survive you and if more than one equally between them.

Is this what you want?

If not, then;

Who you want to receive your property after you die:

Do you want any person to receive any specific gift (amount of cash or other thing you own?)

Who receives the remainder?

Do you have any other questions?

(Please use this page to set out any other questions or objectives you have that we have not covered?)

Referrer _____

Entered in Actionstep: ____/____/____

Costs Disclosure _____/____/____
Made:

Client Document Packet: ____

Wills Held? Y / N

Power held by firm? Y/N

PhotoID sighted?: Y / N

PhotoID sighted?: Y / N

PhotoID copy held?: Y / N

PhotoID copy held?: Y / N

ARNECC check needed? Y / N

ARNECC check needed? Y / N