

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: \_\_\_\_\_

Domicile: \_\_\_\_\_

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: \_\_\_\_\_

Domicile: \_\_\_\_\_

Company/Firm: \_\_\_\_\_

Driver's Licence No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company/Firm: \_\_\_\_\_

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 do for you?

2. Your health medical and life style 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 kinds 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