

Thank you for taking the initial step of contacting us at Kelso Lawyers. We also acknowledge the courage you have shown in making this enquiry. We are hopeful that we can assist you to achieve a positive outcome and move closer towards justice.

As this is a legal process, it is necessary to adhere to strict guidelines so that every stage progresses effectively. The first step in this process is for you to complete this form. Be assured that the information you provide will be treated with the greatest respect and in strictest confidence.

If your claim does have reasonable prospects of success, we will contact you to arrange a telephone conference with Kelso Lawyers' Director, Peter Kelso. During this phone interview, Peter Kelso will help you become familiar with our firm and guide you through the next stage of this legal process.

If it is considered that your claim does not have sufficient evidence to proceed, we will advise you that we are unable to pursue a claim on your behalf.

**Please note that this form is in relation to historical childhood abuse.** By completing this form you are registering your interests with our firm to see if we are able to help you achieve compensation and an apology from the institution responsible.

*Sydney*

3 Spring Street  
SYDNEY NSW 2000  
PO Box H9 AUSTRALIA SQUARE NSW 1215  
Tel 02 8315 8900 Fax 02 9247 9295

Freecall 1800 650 707 [kelsos.com.au](http://kelsos.com.au)

*Newcastle*

Lifestyle House 671-677 Hunter Street  
NEWCASTLE WEST NSW 2302  
PO Box 2293 DANGAR NSW 2309  
Tel 02 4907 4200 Fax 02 4929 1188

[royalcommission.com.au](http://royalcommission.com.au)

## Section 1: Applicant details

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Surname

Have you previously been known by any other name? **(If yes, please provide name)**

\_\_\_\_\_

Previous names used

\_\_\_\_\_

Name known by in institution/care

Male

Female

Date of birth:

Postal  
Address: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact:

Home:

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Mobile:

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Email:

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Are you of Aboriginal or Torres Strait Islander Descent?  Yes  No

Were you a Ward of the State?  Yes  No

**If yes, please provide your State Ward number & in which State (if known):** \_\_\_\_\_

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## Section 2: Details of abuse

**Please note that if you were abused in more than one institution please complete a different sheet in relation to each different institution**

What was the name of the institution of where the abuse took place?  
Please provide the full name & address

How did you become placed at the above institution?

What years did the abuse take place?

Briefly describe what happened and what setting the abuse took place

*E.g. I was physically abused by a Priest. It took place at the back of the Church on a fortnightly basis.*

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Name of the offender/s if known	
<u>Name of offender</u>	<u>Abuse by offender</u>
_____	<input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Psychological
_____	<input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Psychological
_____	<input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Psychological
_____	<input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Psychological

Were you abused by any other residents at the institution? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has the abuse ever been reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No

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### Section 3: Previous Claims

Have you received any compensation in relation to the abuse?  Yes  No

**If yes, provide details of the outcome of your claim:-**

What abuse/institution have you received compensation for?

How much compensation did you receive?

How did you receive compensation?

*E.g. Towards Healing, Forde, victim's compensation*

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Did you sign a Deed of Release?  Yes  No

**If yes**, please provide details such as when you signed and details about any other paperwork you may have signed

Did you have legal representation?  Yes  No

**If yes**, please provide details such as lawyer's name, the legal firm, address and contact details

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**Section 4: Declaration**

The information I have provided in this Claimant Information Sheet is true and accurate to the best of my knowledge & ability.

I acknowledge that Kelso Lawyers will treat this information in strict confidence and will not share any details contained herein without my consent.

SUBMIT

**How did you hear about us?**

Kelso Lawyers website	Existing Client
Newspaper	Radio
Google	Knowmore
Facebook	Community Legal Centre
Friend	Other law firm/solicitor
Healthcare Provider	Advocacy group (e.g AFA, CLAN, WFS etc)
Other _____	

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