



**Tasha
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NEW CLIENT FORM

ABOUT YOU

Surname: First name/s:

Date of Birth: Age: Gender:

Home address:
..... Post Code:

Work address:

Post Code: Employer:

Preferred Contact no: Second Contact no:

Alternative contact person name and number:

Occupation: IRD No:

Email: Previous lawyer:

WINZ No: Ethnicity:

How did you find us? Word of mouth/internet/other

Photographic ID Drivers Licence Passport Gold Card Holder

*****PLEASE LET US KNOW IF, FOR SECURITY AND SAFETY REASONS, YOU DO NOT WANT YOUR CONTACT DETAILS SHOWN ON DOCUMENTS THAT MAY BE SEEN BY THE OTHER PARTY**

ABOUT THE OTHER PERSON IN THE DISPUTE

What is your relationship with the other person:

Surname: First name/s:

Date of Birth Age:

Postal address:
..... Post Code:

Work address:

Post Code Employer:

Home no:..... Mobile no:

Occupation: Email:

Their lawyer: Ethnicity:

Date began living together: Date of marriage:

Date of separation: Date of dissolution:

CHILDREN

Full names of children:

.....M/F DOB: Age Lives with: Other parent:
.....M/F DOB: Age Lives with: Other parent:
.....M/F DOB: Age Lives with: Other parent:
.....M/F DOB: Age Lives with: Other parent:
.....M/F DOB: Age Lives with: Other parent:

Office Use: Terms of Engagement (date)

Copy to client LA application Photo ID Scanned

s24 letter (date) Photo ID Scanned