**Duty Lawyer Service Referral Form – Legal Services Team**

***Information about Justice Centre Hong Kong:***

*The Legal Services Team at Justice Centre Hong Kong (Justice Centre) works to support forced migrants to access the legal assistance they need to be protected in Hong Kong.*

*This form is used by the Duty Lawyer Service to refer individuals who need help relating to their claim for protection in Hong Kong. Justice Centre does not provide direct legal representation to individuals. We aim to assess every referral, and where possible, we will provide further, individualized support and assistance.*

*Once we have reviewed the form, we will contact the claimant directly to arrange an appointment. Travel money and interpretation services will be provided where necessary.*

*If demand for our service is high, there may be a waiting list. Please provide as much information as possible to enable us to assess the urgency of the case.*

*Please send the completed referral form to:* [*info@justicecentre.org.hk*](mailto:info@justicecentre.org.hk)*.*

**SECTION ONE**

|  |  |
| --- | --- |
| **Duty Lawyer (DL) details**  Please complete this section with the details of the Duty Lawyer making the referral. | |
| **Name of DL** |  |
| **DL email** |  |
| **DL telephone number** |  |
| **Date of referral** |  |

**SECTION TWO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Claimant details**  Please complete all boxes. **If unknown, please write ‘don’t know’.** | | | |
| **First name(s)** |  | **Last name(s)** |  |
| **Gender** |  | **Date of Birth** |  |
| **Phone number** |  | **Email** |  |
| **Address** |  | | |
| **Preferred method of contact** | Phone (call)  Phone (message)  Email  Post | | |
| **Nationality**  (*Please list all nationalities the claimant holds*) |  | **Date of arrival in Hong Kong** | (*DD/MM/YYYY*) |
| **Language(s) spoken** |  | | |
| **Do they need an interpreter?** | Yes  No  *If yes, language:* | | |

**SECTION THREE**

|  |  |  |
| --- | --- | --- |
| **Stage of claim**  Please note down here the stage of the claim and the type of assistance needed. | | |
| **Current stage of proceedings** | *First instance*  Non-refoulement claim form submitted  Screening interview held  Notice of decision issued | *TCAB/NRCPO*  Notice of appeal/petition submitted  Hearing date fixed  Date of hearing: |
| **Nature of assistance** | Legal research/memoranda  COI research  COI expert identification  Medical/psychological expert identification  Welfare/psychological support  Other | |
| **Please provide brief details of the assistance sought, and please enclose copies of any relevant documents** |  | |