

Application Form for Assistance

Law Enforcement Conduct Commission

Title (Miss, Mrs, Mr etc)	
Given Name/s	
Surname	
Previous Name/s	
Date of Birth	
Home address	
Suburb & Postcode	
Postal address (if different from the above)	
Home telephone number	
Business telephone number	
Mobile telephone number	
Email address	
Do you require an Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, which language?	
Occupation	
Employer	
Are you or have you ever been employed by the NSW Police Service.	<input type="checkbox"/> Yes, currently employed <input type="checkbox"/> Yes, previously employed <input type="checkbox"/> No, never employed

If you answered yes that you have are or employed by the NSW Police Service, please indicate the following:

Current or last station	
Current or last rank and position	
Date you left the Police Service (if applicable)	

Have you received any of the following from the Law Enforcement Conduct Commission?

A Notice to Prepare a Statement of Information? If so, please specify the date for compliance	
A Notice to Produce Documents or Things? If so, please specify the date for compliance	
A Summons to Appear Before the Law Enforcement Conduct Commission? If so, please specify the date for compliance	

Are you currently in custody? Yes No

If you answered yes to the above question, please state the following:

Place of Custody	
Section	
MIN Number	
Date of release (if known)	

Will compliance with the Notice or Summons result in hardship for you? If so, please provide details.

Please state briefly the significance of the evidence you will be likely to give.

Please describe any other matter relating to your evidence which you believe may be in the public interest

Do you present have your own Solicitor and / or Barrister? If so, please specify their name and address.

CURRENT INCOME FROM ALL SOURCES (BEFORE TAX)			
Give the weekly amount averaged over the last twelve months. This will include salary, commissions, dividends, interest, rents received, pensions, annuities, maintenance, drawings from partnership, company or trust and any other income.	Source	Amount	Total
	Any other monies received in the last twelve months		\$
Total income			\$
DEPENDENTS			
Number of Dependents			
EXPENSES (AVERAGE WEEKLY)			
Income tax			
Superannuation			
Food and household			
Accommodation (board, rent, mortgage, rates)			
Interest payments			
Motor Vehicle			
Utilities (gas, telephone, electricity)			
Any other regular expenses			
Total expenses		\$	
Net income.			\$
ASSETS			
Real Estate (please provide address)			
Credit in banks / financial institutions (please provide name of bank etc.)			
Motor vehicles (please provide description)			
Shares			
Interest in business partnership			
Furniture (household effects)			
Personal property (artwork, jewellery, boats etc.)			
All other property			
Total Assets			\$

Information contained on this form may be forwarded to the Secretary of the Department of Communities and Justice and the Attorney General for the determination of your application.

LIABILITIES			
	Source	Amount	Total
Mortgages (please provide security address)			
Overdraft (name of bank etc.)			
Credit Card (please provide name of lender)			
Loans (please provide name of lender)			
Hire purchases / Leases (please provide name of lender)			
Any other debt outstanding (please provide details)			
Total liabilities		\$	
NET ASSETS			\$

Signature:	
Date:	