

# INTRODUCTION TO THE **white** FOLDER

## PURPOSE

The **white** folder has been designed to help you keep control of your divorce by achieving two things:

- The first 3 forms are designed to assist you in the process of choosing the right lawyer for your case.
- The remaining 6 forms will help you keep a record of significant interactions during your divorce proceedings.

## EXPLANATIONS / INSTRUCTIONS

The **white** folder contains the following 9 forms:

1. CHOOSING-A-LAWYER ON RECOMMENDATIONS
2. QUESTIONS FOR THE LAWYER
3. GOALS
4. ACTION / TO DO LIST
5. LAWYER TELEPHONE CALL REGISTER
6. LAWYER APPOINTMENT REGISTER
7. COURT ATTENDANCE REGISTER
8. CHILD CONTACT REGISTER
9. CHILD SUPPORT AGENCY REGISTER

### FORMS 1 TO 3 (CHOOSING THE RIGHT LAWYER)

You need to know what you want to achieve from your divorce in order to know who the right lawyer is for you. When you work out your goals you should try and arrange them in order of priority. It is important that you write them down.

### FORM 3 PROVIDES A CONVENIENT PLACE FOR YOUR GOALS TO BE RECORDED.

Useful tips about setting your goals and what you need to think about, can be found in the book *This is Your Divorce (Not your Lawyer's)*.

### FORMS 4 TO 9 (RECORDING SIGNIFICANT INTERACTIONS)

Significant interactions include:

- a. Your interactions with your lawyer such as meetings, telephone calls and attendances at court.  
(Copies of correspondence between yourself and your lawyer are kept in the **blue** Folder).

Keeping a record of such interactions has a number of benefits:

- It can help you find information which you may otherwise have forgotten about.
- It enables you to check that your lawyer is billing you correctly.
- It provides you with a written record of things that you need to do.
- It provides you with a written record of things that your lawyer is expected to do.

- b. Contact with your children (if applicable to your case).

Keeping a record of your contact with your children can be important for a number of reasons:

- It enables you to accurately recall important details of your contact with your children, particularly where there are disputes about contact.
- It provides you with a written record that you can easily make available to your lawyer.
- It will help your lawyer prepare your affidavit.

- c. Your interactions with the Child Support Agency (if applicable to your case) such as meetings and telephone calls.

Keeping a record of such interactions has a number of benefits:

- It can help you find information which you may otherwise have forgotten about.
- It provides you with a written record of things that you need to do.
- It provides you with a written record that you can easily make available to your lawyer.

Keeping copies of documents in an organised way has many benefits:

- If you need to find a copy of the document you can do so easily and quickly.
- You can easily follow how your matter is progressing by following the course of correspondence and filing of court documents.
- It also provides you with a readily available record if there is a dispute between yourself and your lawyer.
- Finally, if for some reason you need to change lawyers, you will have a record of all important documents readily available to provide to your new lawyer.

THE POWER IS ON THE SIDE OF THOSE WHO ARE BEST PREPARED

Choosing A Lawyer On Recommendations - **W01**

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Questions For The Lawyer - **W02**

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Goals - **W03**

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Action/to Do List - **W04**

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Lawyer Telephone Register - **W05**

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Lawyer Appointment Register - **W06**

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Court Attendance Register - **W07**

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Child Contact Register - **W08**

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Child Support Agency Register - **W09**

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**W10**

# CHOOSING A LAWYER ON RECOMMENDATIONS

W01

Please type or print clearly and mark all boxes that apply.

p1

This form is designed to assist you in the first step of hiring your divorce lawyer.  
Refer to 'This Is Your Divorce': Chapter 2, Page 23.

<b>Lawyer's firm:</b>	<b>Lawyer's full name:</b>	
Web address:	Email:	
Address:		
Telephone:	Mobile:	Fax:

<b>1. Does this lawyer or firm have a web site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (This is the fastest method for learning more about this lawyer or the firm)
<b>2. Did the lawyer return your phone calls promptly:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Did your lawyer prepare an Action Plan:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Did the lawyer answer your questions:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Did the lawyer explain how the process worked, and the possible results and consequences that could result as you went through each step of the process:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. How much did the lawyer charge?</b>
<b>7. Did the lawyer estimate for you the amount of money the entire divorce process would cost:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. How did you feel about the amount you were charged and why:</b> <input type="checkbox"/> Pleased <input type="checkbox"/> Okay <input type="checkbox"/> Disappointed <input type="checkbox"/> Angry Provide details:  
<b>9. Did your lawyer ever treat you in a condescending way:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10. Did your lawyer remember things you told him or her, or did you find it necessary to provide the same information repeatedly:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:  
<b>11. Was your lawyer articulate? Was your lawyer able to think on his or her feet:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12. Was your lawyer aggressive enough:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13. Was your lawyer well prepared and well organised:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14. Did your lawyer get ready for important matters such as filing documents, and hearings well ahead of time.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:  
<b>15. Did you feel your lawyer cared about your situation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?  
<b>16. Did your lawyer have too many other matters going on to pay proper attention to your case:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No



# CHOOSING A LAWYER ON RECOMMENDATIONS (CONTINUED)

Please type or print clearly and mark all boxes that apply.

17. Overall, were you satisfied with the communication between you and your lawyer over the course of the case:  
 Very    Ok    No

18. Would you use this lawyer again:    Definitely    Uncertain    No

19. How did your lawyer stack up against your ex's lawyer:    Superior    Average    Poorly

20. Did you fire this lawyer:    Yes    No

If yes, why?

21. Who was your ex spouse's lawyer, and what did you think of them?

Any other information you feel is relevant:



Please type or print clearly and mark all boxes that apply.

p1

This form is to be used during your interview with a lawyer. This form will assist you in making a decision about which divorce lawyer is best suited to represent you. Refer to 'This Is Your Divorce': Chapter 2, Page 29.

Use a separate form for each interview.

Interview date:		Interview time:	
Name of firm:		Lawyer's name:	
Address:			
Suburb:		State:	Postcode:
<b>Contact details</b>			
Email:		Telephone:	Fax:

<b>Lawyer's Experience</b>
1. How long have you been practicing law?
2. How much of your practice is in the field of family law?
3. Other than family law cases, what kinds of cases do you handle?
4. How long have you been doing family law work?
5. Are you an accredited specialist in family law?
6. How often are you in court?
7. How often are you in court on Family Court matters?
8. When was the last family law trial you had?
9. How many family law cases do you have right now?
10. How many family law trials have you had in the past year?
11. Do you feel the system works properly to give fair results? If not, what can you do to increase the chances that I will be treated fairly by the system?
12. How often do you handle appeals on behalf of your clients?
13. How many appeals have you handled in your career?
14. How many cases have you had with my spouse's lawyer, and what are your impressions of that lawyer?

<b>Cost / Fees</b>		
15. How often will I be billed?		
16. What is your fee structure? Fee arrangements vary depending on the matter or case <small>(Fee arrangements vary depending on the matter or case, lawyers typically send clients monthly statements, and you'll want to receive periodic bills to monitor costs).</small>		
17. How much do you charge for:		
Telephone calls:	Photocopying:	Faxes received and sent:
18. Do you offer a set number of free calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how many?		
19. Are there any tasks that I can do myself to reduce the amount you will charge me? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what are they:		
20. Do you require an advance payment of fees, and if so, how much? \$		



# QUESTIONS FOR THE LAWYER (CONTINUED)

Please type or print clearly and mark all boxes that apply.

<b>21. May I see a sample bill showing what information will be on my bills and the level of detail?</b>	
<b>22. How long after I am billed is payment is due?</b>	
<b>23. Do you take credit cards or offer a payment plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24. What happens if I cannot pay a bill? Do you immediately terminate my representation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25. Can I have a copy of your standard fee agreement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>26. What is your general estimate of how much all this will cost me?</b>	\$
<b>27. What other costs do you expect may be incurred?</b>	
a) Private investigators	\$
b) Medical experts	\$
c) Forensic accountants	\$
d) Other experts	\$

## General

<b>28. What do you think may be a reasonable outcome for me?</b>	
<b>29. What do you think my chances are of achieving the above outcome?</b> (You want lawyers to be frank if they don't believe you have a case.)	
<b>30. What are the chances of settling the case before trial?</b> (The stronger your case, the less likely the other side will want to go to trial.)	
<b>31. Do you feel I have any unrealistic expectations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they and why?	
<b>32. Do you require anything from me in the way of information or otherwise before you can decide whether you can undertake my representation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?	
<b>33. Who else in your firm would work on my case?</b> (Lawyers often assign tasks to more junior lawyers or paralegals. Make sure you're paying less if that's the case.)	
<b>34. How will you keep me informed of any developments?</b> (Lawyers are busy, but you want to make sure the lawyer is respectful of your need for information and will be available to answer questions.)	
<b>35. If you are not available to take my call, do you have someone else who will be able to speak with me?</b> <input type="checkbox"/> Yes - If yes, who should I ask for? <input type="checkbox"/> No - If not, how long will it take you to return my call?	
<b>36. Would you need the assistance of other lawyers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: (E.g. Barrister, Queen Counsel or Senior Counsel? What are their years of experience, when can I see them in action and what do they charge.)	
<b>36. What are the different phases of my case? Describe briefly how the process will work?</b> (This information is available on the Family Court website ( <a href="http://www.familycourt.gov.au">www.familycourt.gov.au</a> ). You should look at this site to see how the court process works. The purpose of this question is for you to find out how familiar the lawyer is with the process. Compare the lawyer's answer with the information on the Family Court website.)	



Please type or print clearly and mark all boxes that apply.

p3

Refer to 'This Is Your Divorce': Chapter 2, Page 29.

After the Interview	
1. How would you describe the physical appearance of the offices?	<input type="checkbox"/> Impressive <input type="checkbox"/> Okay <input type="checkbox"/> Poor
2. Were you greeted professionally by the receptionist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Lawyer	
3. Did the lawyer see you on time:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. How would you describe the physical appearance of the lawyer:	<input type="checkbox"/> Impressive <input type="checkbox"/> Okay <input type="checkbox"/> Poor
5. Eye contact:	<input type="checkbox"/> Good <input type="checkbox"/> Poor
6. Attitude:	<input type="checkbox"/> Abrupt <input type="checkbox"/> Compassionate <input type="checkbox"/> Professional <input type="checkbox"/> Distracted <input type="checkbox"/> Other
7. Did the lawyer genuinely listen to you:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Did the lawyer allow telephone or staff interruptions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Was the lawyer's legal advice:	<input type="checkbox"/> Helpful <input type="checkbox"/> Confusing <input type="checkbox"/> Gave none
10. Most annoying behaviour / things / quality:	
11. Most memorable quality:	
12. Your feelings after interview:	

Any other information you feel is relevant:









# TASK ACTION LIST

Please type or print clearly and mark all boxes that apply.

Use this form to help you keep track of things that need to be done in the running of your divorce and to record when the tasks are completed.

Item:	Date:	Priority:	Due date:	Description:	Communication: Mailed /Emailed /Faxed	Completed:
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Yes <input type="checkbox"/> No



# LAWYER PHONE CALL REGISTER

Please type or print clearly and mark all boxes that apply.

Please photocopy this page for additional phone call recording.

Date of call:		Time of call: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Call duration: _____ minutes	Estimated call cost: \$ _____	Call initiated by: <input type="checkbox"/> You <input type="checkbox"/> Lawyer	
Purpose of call:			
Action required:			

Date of call:		Time of call: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Call duration: _____ minutes	Estimated call cost: \$ _____	Call initiated by: <input type="checkbox"/> You <input type="checkbox"/> Lawyer	
Purpose of call:			
Action required:			

Date of call:		Time of call: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Call duration: _____ minutes	Estimated call cost: \$ _____	Call initiated by: <input type="checkbox"/> You <input type="checkbox"/> Lawyer	
Purpose of call:			
Action required:			



# LAWYER'S APPOINTMENT REGISTER

Please type or print clearly and mark all boxes that apply.

If you require space for further information, please photocopy form.

Your lawyer's details:		
Contact person's name:	Hourly rate: \$	
Telephone:	Fax:	Email:

No.	Date	Venue	Legal representation's name	Appt .time	Time in	Time out	Duration	Estimated \$	Invoice No.	Paid
E.g.		<input checked="" type="checkbox"/> Lawyer's Office <input type="checkbox"/> Other	Mr John Eagle	10 : 00 AM	10 : 15 AM	11 : 00 AM	45 Minutes	\$ 255	204	<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> Lawyer's Office <input type="checkbox"/> Other					Mins			<input type="checkbox"/> Yes
		<input type="checkbox"/> Lawyer's Office <input type="checkbox"/> Other					Mins			<input type="checkbox"/> Yes
		<input type="checkbox"/> Lawyer's Office <input type="checkbox"/> Other					Mins			<input type="checkbox"/> Yes
		<input type="checkbox"/> Lawyer's Office <input type="checkbox"/> Other					Mins			<input type="checkbox"/> Yes
		<input type="checkbox"/> Lawyer's Office <input type="checkbox"/> Other					Mins			<input type="checkbox"/> Yes
		<input type="checkbox"/> Lawyer's Office <input type="checkbox"/> Other					Mins			<input type="checkbox"/> Yes
		<input type="checkbox"/> Lawyer's Office <input type="checkbox"/> Other					Mins			<input type="checkbox"/> Yes
		<input type="checkbox"/> Lawyer's Office <input type="checkbox"/> Other					Mins			<input type="checkbox"/> Yes



# COURT ATTENDANCE REGISTER

Please type or print clearly and mark all boxes that apply.

Use a separate form for each day.

<b>Hearing date:</b>	<b>Hearing time:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Court location:</b>	<b>Court number:</b>
<b>Matter heard by:</b>	
<b>Lawyer's name:</b>	<b>Lawyer's fee for the day: \$</b>
<b>Barrister's name:</b> <small>(if applicable)</small>	<b>Barrister's fee for the day: \$</b>
	<b>Your total investment: \$</b>

Recording time in and out for hearing duration is optional but could be useful if you need to order a transcript

Time in	Time out	Duration
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	Minutes
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	Minutes
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	Minutes
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	Minutes
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	Minutes
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	Minutes

**Purpose of the hearing:**


**Outcome:**


**Comments:**


**Next hearing date:**

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# CONTACT WITH YOUR CHILDREN

Please type or print clearly and mark all boxes that apply.

Use this form to keep record of contact with your child(ren).

Date	Day	Pick up time	Return time	Contact cancelled by you or spouse	Provide details why contact was cancelled if it is disputed
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	
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				<input type="checkbox"/> You <input type="checkbox"/> Spouse	



# CHILD SUPPORT AGENCY TELEPHONE REGISTER

Please type or print clearly and mark all boxes that apply.

We highly recommended that you have a look at the CSA website [www.csa.gov.au](http://www.csa.gov.au). The CSA is a large government agency administrating the collection of child support and spousal maintenance payments if you have children.

When you phone or receive a phone call from the agency it is important that you fill out the details listed below. Please photocopy this page for additional phone call recording.

Your reference number:			
Date of call:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Duration: Minutes
Call was initiated by:	<input type="checkbox"/> You <input type="checkbox"/> CSA	CSA Officer's name:	
Purpose:			
Outcome:			
Follow up / comments:			

Date of call:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Duration: Minutes
Call was initiated by:	<input type="checkbox"/> You <input type="checkbox"/> CSA	CSA Officer's name:	
Purpose:			
Outcome:			
Follow up / comments:			

