

# GOVERNMENT AGENT LEGALITY ASSESSMENT

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I, ..... of (address) ..... reserve my responses, and regard my personal and business affairs as private and confidential, and any request for disclosure **MUST** fully comply within the **PRIVACY ACT AND ALL OF THE PROTECTIONS ACTS** with the completing and signing of this **QUESTIONNAIRE**, before this individual makes a determination in diligence of information.

1. Name of Agent: .....

Agent's Employment address: .....

Town: ..... State: ..... Post Code: .....

2. Name of Government agency by which Agent is employed: .....

Instructing Supervisors' name: .....

3. Department's postal address: .....

**NOTE:** Boxes **MUST** be ticked either **YES** or **NO**.

4. Will the Agent uphold the Privacy Act, and all other Protection Acts?  YES  NO

5. Did the Agent supply proof of identity?  YES  NO

In what form is the proof of identity? (I/D card or similar) .....

Number: ..... Badge Number: ..... Other: \* .....

6. Will the Agent supply a copy of the Law or Regulation relied upon to investigate?  YES  NO

7. Will the Agent recite the portion of Authority relied upon?  YES  NO

... and provide a written copy?  YES  NO

8. Are the questions being used as discovery?  YES  NO

If so, to what use? \* .....

... or are they based on a specific Law or Regulation?  YES  NO

9. Are questions to be voluntary? ..... or, mandatory? .....

If mandatory, under what Act? \* .....

10. Will there be any other persons or entities using this information?  YES  NO

If YES, who, where and to what purpose? \* .....

11. What other agencies may have access to this information? \* .....

12. Do you have a Crown Sealed Warrant?  YES  NO

If YES, did you allow me to contest the application when it was made?  YES  NO

13. Are you intending to trespass my property?  YES  NO

14. Are you intending to trespass my goods?  YES  NO

15. What will be the effect on me **IF** I should choose not to answer any part or all of the questions?.....

16. The name of the person in Government under whose authority this investigation is being made? \*.....

17. Is this investigation Random?..... General? ..... or, Special? .....

By 'Random' is meant a luck of the draw - by 'General' a blanket investigation involving a number of persons because of the "geography" type of business, income etc. - by 'Special' is meant an investigation of a singular nature in which others are not involved.

18. Have you consulted, questioned, interviewed or received information from a third party relating to this investigation?  YES  NO

19. If YES, the identity of the third party or parties? \*.....

20. Do you reasonably anticipate either a civil or criminal action to be initiated or pursued based upon any of the information that you seek?  YES  NO

21. Is there a file of records, or information, or correspondence relating to me being maintained by this agency?  YES  NO

22. Is this agency using any information pertaining to me, which was supplied by another agency or Government source?  YES  NO

If YES, provide details: \*.....

23. Will the Agent guarantee that the information in these files will not be used by any Department other than the one he/she is employed by?  YES  NO

24. Will I be discriminated against as a result of this Questionnaire?  YES  NO

25. Will questions asked be in writing?  or oral?

26. What time will be allowed for my consideration before answering questions?  5 minutes  1 hour  7 days  14 days Other: .....

**Should any person or agency make a request for any information, obtained as a result of the undersigned Agent's enquiries, you MUST inform me in writing BEFORE releasing such information. Failure to comply may subject you to possible civil or criminal actions as provided by law.**

OATH OR AFFIRMATION BY THE AGENT

I swear (or affirm) the answers given to the foregoing questions are **TRUE and CORRECT** in every detail.

SIGNED: ..... PRINT NAME: .....  
(AGENT/OFFICER)

DATED:.....

WITNESS: ..... PRINT NAME: .....  
(RESPONDENT)

DATED:.....

WITNESS: ..... PRINT NAME: .....  
(SIGNED IN MY PRESENCE)

DATED:.....

\* If space is insufficient please supply details on an additional page and affix hereto.