



ACKNOWLEDGEMENT OF FAMILY DUTY COUNSEL SERVICES (SHORT FORM)

Do you have a lawyer? [ ] Yes [ ] No If yes, see the Family Duty Counsel (or reception) before filling out this form.

Client Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_
Have you used other names? \_\_\_\_\_ Occupation: \_\_\_\_\_
Birth Date: \_\_\_\_\_ Gender: [ ] Male [ ] Female [ ] Not Provided [ ] Other
Address: \_\_\_\_\_ City: \_\_\_\_\_
Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Main Phone No.: \_\_\_\_\_ Other Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_
Current Marital Status: \_\_\_\_\_ Aboriginal Ancestry: [ ] Yes [ ] No [ ] Declined to Answer
Do you require an interpreter? [ ] Yes [ ] No If yes, what language: \_\_\_\_\_
Total people in your household: \_\_\_\_\_ Total NET MONTHLY income for household from all sources: \_\_\_\_\_

List all other parties involved:

Primary Other Party's Name: \_\_\_\_\_
If the primary other party has used or been known by any other name, what is it? \_\_\_\_\_

What is their relationship to you? [ ] Other parent [ ] Spouse [ ] Ex-spouse [ ] Common-law spouse [ ] Grandparent
[ ] Brother [ ] Sister [ ] Aunt [ ] Uncle [ ] Cousin [ ] Foster parent [ ] Other

Other Party's Name: \_\_\_\_\_ Other Party's Name: \_\_\_\_\_

Do you feel there is an immediate risk of violence in your family? [ ] Yes [ ] No

Has the primary other party ever caused you to be concerned for your own safety or your children's safety? [ ] Yes [ ] No

I agree that the duty counsel ("the Lawyer(s)") cannot provide me with the same help I could get from a lawyer I hired privately to represent me, and that it is strongly recommended that I hire a lawyer to represent me in this matter.

I agree that the Lawyer(s) can only assist me by:

- Giving me verbal advice only about my legal rights, obligations, and court procedures with no written follow-up;
Helping me negotiate and settle issues on a temporary or final basis;
Helping me prepare or review consent orders or family agreements that can be filed in court;
Reviewing and helping me prepare court documents;
Attending court with me to ask for an adjournment, an unopposed or consent order, or an emergency restraining order, if necessary;
Informing me on how to make a court appearance; and
Referring me to other resources.

I agree that the Lawyer(s) cannot:

- Go to court on any contested trial or any hearing where the issues are not simple, as determined by the Lawyer(s);
Help me with complex property disputes, or tax advice;
Help me if I already have a lawyer acting for me;
Prepare my court documents;
Help me with legal problems not related to family law;
Serve or accept service of any court documents; or
Become my lawyer while acting as duty counsel.

I agree that the Lawyer(s) is not responsible if the advice given is inadequate or inappropriate because I failed to disclose relevant information about my case or prepared inadequate affidavit or other material.

I agree that the Family Duty Counsel Program can only provide me with a limited amount of legal advice.

I am aware that the Family Duty Counsel Program can only provide me with a maximum of three hours of legal advice (or up to 45 minutes of legal advice, if I am not financially eligible, at the lawyer's discretion).

I am aware that I may be contacted by a Legal Services Society (LSS) representative to answer questions about the value of this service. If contacted, I may refuse to participate. I consent to my file and/or client information being released to an employee or designate of LSS for program evaluation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_