



Legal Services Society

Family Advice Lawyer and
Duty Counsel Programs

British Columbia
www.lss.bc.ca



Ministry of
Attorney General

Family Justice Service Division

REFERRAL FORM FOR FAMILY ADVICE LAWYER

From: _____

Family Justice Counsellor JAC Interviewer CSO

Client's name: _____

Birth date: _____ JTS#: _____ (Vancouver / Nanaimo only)

Client's telephone number: _____

Appointment date and time: _____

Other party's name: _____

Birth date: _____

Today's date: _____ Rule 5 Yes No

Client's Issues: *(please checkmark all applicable issues)*

- | | |
|--|---|
| <input type="checkbox"/> Restraining Order | <input type="checkbox"/> Child, Family and Community Services Act |
| <input type="checkbox"/> Custody and/or Access | <input type="checkbox"/> Family Maintenance Enforcement Act |
| <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Supreme Court Procedures |
| <input type="checkbox"/> Child Support | |
| <input type="checkbox"/> Other: _____ | |

Reason for referral to Advice Lawyer: _____

Next court date and time: _____

I consent to the above information being released for the purpose of a referral to the Legal Services Society, Ministry of Attorney General Family Advice Lawyer Program.

The Family Advice Lawyer Program provides accessible, client-centred and coordinated referral information, legal advice and dispute resolution services to low-income families experiencing separation or divorce. Information that you share may be used for research purposes; however, personal identifiers are not recorded.

(Client Signature)

(Date)