

Only email this form to clientapplications@legalaid.bc.ca. Do not send completed forms to any other email address.

*Asterisks means you must fill in this question; if the question does not apply to you, please write n/a.

Last Name*		Aliases:	
First Name*		Marital status*:	
Birthdate*		ID type:	ID number*:
(Day/Month/Year)		Level of Education:	
Address* _____ _____		Preferred languages or any client considerations:	
City _____			
Phone* _____			
Is it safe for LABC to call you at this phone number?	Yes No	Can LABC leave a voicemail message for you?*	Yes No
Requested Lawyer:		Have you been in recent contact with the lawyer you requested?	

In most cases, a Legal Aid BC (LABC) intake worker will need to contact you to complete the application process within 7 business days. Is it safe to contact you to complete this application?*

If no, please call [1-866-577-2525](tel:1-866-577-2525) to complete your application.

Can LABC email you at the address you used to submit this application?*

If no, what email address can LABC use to contact you?

What is the best way for LABC to contact you?

What is the best time of day for LABC to contact you?

Describe the reason for your request for legal aid assistance:

Who are you currently living with in your household? Please list names, ages, relationship to you:

Employment status:

Do you have any assets (for example, do you own a car, house, savings accounts, investments, cash)? Please list all your assets here including their value and any amounts owing (includes personal and/or joint property). **Please attach any proof of assets available.**

Income ***Proof of income must be attached to this application.**

Source	Monthly amounts
Other sources of income:	

Total Monthly Income (take home pay): \$

Allowable deductions (amounts we may be able to subtract from your total income). (Please include receipts for your deductions with your application.)

Description	Monthly amounts
Spousal and/or child support payments	
Travel expenses for child access visits	
Costs of supervised access visits with child(ren)	
Daycare expenses	
Education expenses for special needs child(ren)	
Prescription drugs or other necessary medical or dental expenses	
Extended health, and disability insurance payments	

Total deductions: \$

Spouse's (or common-law partner's) Income:

*Complete if you have included a spouse in your household size above. *We consider someone a common-law partner if they have lived together for 2 or more years, or live together and have a child together.*

What is your spouse's source of income? Employment (job) BC Benefits (social assistance) EI Benefits Other

Spouse's total take-home Monthly Income:



Name of social worker involved: _____

Office location of your social worker: _____

Date of apprehension: _____
(Day/Month/Year)

How long has the social worker been involved?

Describe the current situation regarding the children:

Has a court date been set: Yes No

If Yes: When is the date?

Where is the court location?

What is the court date for?

List full names and birth dates of all children relating to this case:

Child # 1

(First name) (Middle name) (Last name)

Birthdate _____
(Day/Month/Year)

Gender of the child:

Who has custody of this child?

What relation are you to the child? Parent Step-parent Grandparent Other _____
(Please specify)

What are the names of the parents of the child?

(Mother)

(Father)

Child # 2

(First name) (Middle name) (Last name)

Birthdate _____
(Day/Month/Year)

Gender of the child:

Who has custody of this child?

What relation are you to the child? Parent Step-parent Grandparent Other _____
(Please specify)

What are the names of the parents of the child?

(Mother)

(Father)

Child # 3

(First name) (Middle name) (Last name)

Birthdate _____
(Day/Month/Year)

Gender of the child:

Who has custody of this child?

What relation are you to the child? Parent Step-parent Grandparent Other _____
(Please specify)

What are the names of the parents of the child?

(Mother)

(Father)

Child #4

(First name) (Middle name) (Last name)

Birthdate _____
(Day/Month/Year)

Gender of the child:

Who has custody of this child?

What relation are you to the child? Parent Step-parent Grandparent Other _____
(Please specify)

What are the names of the parents of the child?

(Mother)

(Father)

Child # 5

(First name) (Middle name) (Last name)

Birthdate _____
(Day/Month/Year)

Gender of the child:

Who has custody of the child?

What relation are you to the child? Parent Step-parent Grandparent Other _____
(Please specify)

What are the names of the parents of the child?

(Mother)

(Father)

Is anyone else applying for custody? If yes, please list names:

Email your completed application to: clientapplications@legalaid.bc.ca

To avoid delay, please ensure you have attached your proof of income, and copies of receipts for any allowable deductions. For more information please see our web-page: "How do I apply for legal aid?"

Please note that email communication is not completely secure, your information could be misdirected or intercepted. Malicious hackers may attempt to impersonate LABC to steal your identity, so always check the intended email sender/ recipient. LABC shall not be liable for any losses, damages, or unauthorized access to your information that may result from the use of email communications.

Legal Aid Representation Services Contract

Contract rules

You will:

- tell LABC the truth about your case and your finances
- tell LABC if your finances change during your case
- let LABC and your lawyer share information about your case with each other
- let LABC access all records relevant to your case
- pay back LABC if your lawyer recovers enough money in your case
- pay back LABC for money spent on your case if you did not tell us your income changed

Legal Aid BC will stop giving you legal aid if:

- you are no longer eligible, or
- you do not follow these contract rules

Agreement

If you have any questions about this contract, you will have a chance to discuss this with your legal aid intake worker.

I have read and I agree to the terms and conditions:

Find the full services contract [here](#).