



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](#).

Authorization to Collect and Share Information (If application is being submitted by anyone other than the applicant)

I, _____ (applicant's name),

born _____ (applicant's date of birth),

authorize Legal Aid BC to collect my information from and share my information with:

Name of Organization:

Contact Information:

For the purpose of assessing my application for legal representation services (legal aid). I understand this consent is voluntary and may be withdrawn at any time by notifying Legal Aid BC in writing.

Applicant signature _____

Date _____

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.

Privacy Notice: Legal Aid BC collects personal information pursuant to the Freedom of Information and Protection of Privacy Act for the purpose of providing legal aid as well as for planning and evaluating our programs. For more information on how LABC uses personal information, please refer to our Privacy Policy or contact us at privacy@legalaid.bc.ca

Last Name*

Other name(s):

First Name*

Marital status*:

Birthdate*

ID type:

ID number*:

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

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?*

Yes

No

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?*

Yes

No

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?

Briefly describe your legal problem and what help you are requesting from LABC.

For information on the type of family issues we may be able to help with, please visit: <https://legalaid.bc.ca/services/family-problems>

Requested Lawyer:

Have you been in recent contact
with the lawyer you requested?

Who do you live with and support financially?* List their name, age, and relationship to you:*

Name(s):

Age(s):

Relationship to you:

Others:

What is your current employment status?*

List all of your current source(s) of income:* *Note: Proof of income from ALL bank accounts must be submitted to process your application.*

Other source(s) of income:

Other source(s) of income:

(If Applicable) List all your current partner's source(s) of income *(you are considered partners if you have lived together for 2 years or more year OR if you have a child together):* **Note: proof of income from ALL bank accounts must be submitted to process your application.*

Other source(s) of income:

List all of your current assets: **Note: proof of asset(s) value must be submitted to process your application.*

Example: do you own a car, house, savings accounts, investments, cash)? Please include all your assets along with their value and any amounts owing (includes personal and/or joint property). Please attach any proof of assets available.

Other asset(s):

List all of your current deductions: **Note: proof of deduction(s) value must be submitted to process your application.*

Other deduction(s):

Other deduction(s):

Other deduction(s):

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.