

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 information from and share 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 I understand this consent is voluntary and may be withdrawn at any time by notifying Legal Aid BC in writing.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.

Client's email address if applicable:

What is the best way for LABC to contact the client?

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

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 - select from drop-down list:* **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)* - select from drop-down list: ***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 - select from drop-down list: *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 - select from drop-down list: *Note: proof of deduction(s) value must be submitted to process your application.

Other deduction(s):

Other deduction(s):

Other deduction(s):

Information about the opposing party (other person involved in the legal matter)*:

Note: If there is more than one opposing party, complete a new form for each opposing party.

Opposing party's full name* _____

Your relationship to the opposing party* _____

Address _____

(number and street)

City* _____ Province _____ Postal code _____

(if applicable*) What date(s) were you and the opposing party:

Married _____ Separated _____ Divorced _____
(Day/Month/Year) (Day/Month/Year) (Day/Month/Year)

(if applicable*) What date(s) did you live with your spouse/common law partner?

From _____ To _____
(Day/Month/Year) (Day/Month/Year)

(If applicable*) Have you been served with court documents? Yes No

If yes, when were you served?

(Day/Month/Year)

Are there any upcoming court dates on this matter? Yes No

If yes, when is the court date?

(Day/Month/Year)

Where is the court location*? Please specify even if you have **not** been served:

What is the purpose of the court date?

(If applicable*) If any children of the relationship are not living with you:

Have you been denied access or parenting to your children? Yes No

If yes, when did you last see them? Provide details:

Has the opposing party threatened to move away with the children? Yes No

If yes, where to? Provide details:

(If Applicable*) Information about the child(ren)

List full names and birthdates of all children relating to this case. Attach additional sheets if needed.

Details:	Child #1	Child #2	Child #3	Child #4
Last name				
Middle name				
First name				
Birthday(day/month/year)				
Gender				
Relationship of client to child (please specify)	Parent Step-parent Other	Parent Step-parent Other	Parent Step-parent Other	Parent Step-parent Other
Relationship of opposing party to child (please specify)	Parent Step-parent Other	Parent Step-parent Other	Parent Step-parent Other	Parent Step-parent Other
Residence of child (please specify)				

Is there a Parenting Order*? Yes No

Parenting orders include guardianship, parenting arrangements, custody/decision-making/access/contact/parenting time.

If yes, indicate the date and place where the Custody Order was obtained and **please provide us with a copy:**

Is there a Maintenance/Support Order*? ☐ Yes ☐ No

If yes, indicate the date and place where the Maintenance/Support Order was obtained and **please provide us with a copy:**

Have you or your children experienced, or are you or your children at risk of experiencing, family violence*? Yes No

If you would like to provide any additional details about the family violence you experienced, please share here:

Note: Family violence includes:

- physical abuse of a family member (includes forced confinement and deprivation of the necessities of life, but not the use of reasonable force to protect oneself or others from harm)
- sexual abuse of a family member
- attempts to physically or sexually abuse a family member
- psychological or emotional abuse of a family member, which includes:
 - intimidation, harassment, coercion, or threats, including threats against other people, pets, or property
 - unreasonable restrictions on or denial of a family member's financial or personal autonomy
 - stalking or following a family member
 - intentional damage to property
- in the case of a child, direct or indirect exposure to family violence

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, and any court documents.** 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.