

Only email this form to [clientapplications@legalaid.bc.ca](mailto: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*:
		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?\*      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?

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: \_\_\_\_\_

Have you recently 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?

What is the purpose of the court date?

**Information about the opposing party**

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

Opposing party's name \_\_\_\_\_

Your relationship to the opposing party \_\_\_\_\_

Address \_\_\_\_\_  
(number and street)

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

What date were you and the opposing party:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_  
(Day/Month/Year) (Day/Month/Year) (Day/Month/Year)

If you were in a common-law relationship, what dates did you live with your spouse?

From \_\_\_\_\_ To \_\_\_\_\_  
(Day/Month/Year) (Day/Month/Year)

**Answer the following only if any children of the relationship are not living with you:**

Have you been denied access 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:

## 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/mon/yr)				
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/parenting time, and access/contact/parenting time.

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

Is there a Maintenance/Support Order?  Yes  No

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

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](mailto: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](#).