Legal Aid BC

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ACKNOWLEDGEMENT OF FAMILY DUTY COUNSEL SERVICES (SHORT FORM)

Do you have a lawyer? ❑ ***Yes*** ❑ ***No*** If yes, see the Family Duty Counsel (or reception) before filling out this form.

Client Family Name: _____ Given Names: _____

Have you used other names? _____ Occupation: _____

Birth Date: _____ **Gender:** ❑ Male ❑ Female ❑ Non-Binary ❑ Prefer to not say

Address: _____ **City:** _____

Province: _____ **Country:** _____ Postal Code: _____

Main Phone No.: _____ Other Phone No.: _____ Email: _____

Current Marital Status: _____

Indigenous Ancestry: ❑ Yes ❑ No ❑ Declined to Answer | ❑ First Nations ❑ Métis ❑ Inuit

Nation, Community or Settlement: _____

Do you require an interpreter? ❑ Yes ❑ No **If yes, what language:** _____

Total people in your household: _____ *Total NET MONTHLY income for household from all sources:* _____

List all other parties involved:

Primary Other Party's Name: _____

If the primary other party has used or been known by any other name, what is it? _____

What is their relationship to you? ❑ Other parent ❑ Spouse ❑ Ex-spouse ❑ Common-law spouse ❑ Grandparent ❑ Brother ❑ Sister ❑ Aunt ❑ Uncle ❑ Cousin ❑ Foster parent ❑ Other

Other Party's Name: _____ Other Party's Name: _____

Do you feel there is an immediate risk of violence in your family? ❑ *Yes* ❑ *No*

Has the primary other party ever caused you to be concerned for your own safety or your children's safety? ❑ *Yes* ❑ *No*

I agree that the duty counsel ("the Lawyer(s)") cannot provide me with the same help I could get from a lawyer I hired privately to represent me, and that it is strongly recommended that I hire a lawyer to represent me in this matter.

I agree that the Lawyer(s) can only assist me by:

- Giving me verbal advice only about my legal rights, obligations, and court procedures with no written follow-up;
- Helping me negotiate and settle issues on a temporary or final basis;
- Helping me prepare or review consent orders or family agreements that can be filed in court;
- Reviewing and helping me prepare court documents;
- Attending court with me to ask for an adjournment, an unopposed or consent order, or an emergency restraining order, if necessary;
- Informing me on how to make a court appearance; and
- Referring me to other resources.

I agree that the Lawyer(s) cannot:

- Go to court on any contested trial or any hearing where the issues are not simple, as determined by the Lawyer(s);
- Help me with complex property disputes, or tax advice;
- Help me if I already have a lawyer acting for me;
- Prepare my court documents;
- Help me with legal problems not related to family law;
- Serve or accept service of any court documents; or
- Become my lawyer while acting as duty counsel.

I agree that the Lawyer(s) is not responsible if the advice given is inadequate or inappropriate because I failed to disclose relevant information about my case or prepared inadequate affidavit or other material.

I agree that the Family Duty Counsel Program can only provide me with a limited amount of legal advice.

I am aware that the Family Duty Counsel Program can only provide me with a maximum of three hours of legal advice (or up to 45 minutes of legal advice, if I am not financially eligible, at the lawyer's discretion).

I am aware that I may be contacted by a Legal Aid BC (LABC) representative to answer questions about the value of this service. If contacted, I may refuse to participate. I consent to my file and/or client information being released to an employee or designate of LABC for program evaluation.

I authorize the Lawyer(s) to access, search, and review my court file, court records, court documents, and any related court audio recordings as necessary to provide legal advice, limited representation, or assistance in my case. This authorization may be relied on as written authorization for the Lawyer(s) to access court records.

I consent to Legal Aid BC using any information in its possession or control about me gathered from previous legal aid matters for the purposes of assisting me with this request.

Signature: _____ *Date*: _____