

**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 six 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_