

## ACKNOWLEDGEMENT OF FAMILY ADVICE LAWYER SERVICES (FJC)

Do you have a lawyer?  Yes  No    If yes, see the Family Advice Lawyer (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: \_\_\_\_\_

**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 Family Advice Lawyer ("the lawyer") 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 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;
- Provide advice on court procedures;
- Informing me on how to make a court appearance; and
- Referring me to other resources.

**I agree** that the lawyer cannot:

- Go to court;
- 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 advice lawyer.

**I agree** that the lawyer 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 Advice Lawyer Program can only provide me with a maximum of three hours of legal advice (or 45 minutes of legal advice if I am not financially qualified).

**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: \_\_\_\_\_

## A. INFORMATION ABOUT YOUR LEGAL CASE

Are any of the following involved in your legal matter?

- Family Maintenance Enforcement Program
- Family Maintenance Program (income assistance)
- Ministry of Children and Family Development

Have court documents been filed?  Yes  No  Not applicable

What level of court?  BC Supreme Court  BC Provincial Court  Other  Not applicable

Location of Registry: \_\_\_\_\_ What is the court file number? \_\_\_\_\_

Are there any written agreements between you and the primary other party?  Yes  No

### What do you think the issues are in your case? (check all that apply)

#### Family cases:

- Child support
- Denial of parenting time
- Divorce
- Family violence
- Hague Convention
- Maintenance Enforcement
- Parenting issues
- Property division
- Protection order (family member)
- Relocation
- Spousal support

#### Child Protection cases:

- Access
- Risk of Removal
- Removal
- Transfer of child to a non-parent
- Cancellation of CCO

### How did you find out about this service? (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Access Pro Bono                  | <input type="checkbox"/> Friends/family                                     | <input type="checkbox"/> Mediate BC              |
| <input type="checkbox"/> Advocate or community agency     | <input type="checkbox"/> Health professionals                               | <input type="checkbox"/> Métis Nation BC         |
| <input type="checkbox"/> BC Family Maintenance Agency     | <input type="checkbox"/> Income assistance                                  | <input type="checkbox"/> Native Courtworker      |
| <input type="checkbox"/> BC First Nations Justice Council | <input type="checkbox"/> Indigenous community agency                        | <input type="checkbox"/> Online/internet         |
| <input type="checkbox"/> Child Support Officer (CSO)      | <input type="checkbox"/> Immigrant settlement or multicultural organization | <input type="checkbox"/> Private lawyer          |
| <input type="checkbox"/> Court staff or judiciary         | <input type="checkbox"/> JAC Resource room/Self-Help                        | <input type="checkbox"/> Private mediator        |
| <input type="checkbox"/> Courthouse library               | <input type="checkbox"/> Law students' clinic or program                    | <input type="checkbox"/> Police/victim services  |
| <input type="checkbox"/> Crown counsel/prosecutor         | <input type="checkbox"/> Legal Aid/LABC Intake                              | <input type="checkbox"/> Social worker           |
| <input type="checkbox"/> Family Justice Counsellor        | <input type="checkbox"/> LABC Family Duty Counsel                           | <input type="checkbox"/> Other government agency |
|   |   | <input type="checkbox"/> I Don't Know            |

## B. ADDITIONAL INFORMATION ABOUT THE PRIMARY OTHER PARTY

Primary Other Party's Birth date: \_\_\_\_\_ Gender:  Man  Woman  Non-Binary  Prefer not to say

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Does the primary other party have a lawyer?  Yes  No Name of lawyer, if yes: \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILDREN**

Family Name	Given Names	Birth date	Birthplace	Resides with you	Name of other Parent
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	

Does the primary other party have any other children? If yes, please complete the following:

Family Name	Given Names	Birth date	Birthplace	Resides with you	Name of other Parent
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	

**INFORMATION ABOUT YOUR FAMILY PROBLEM**

Date of marriage to primary other party (if applicable): \_\_\_\_\_

Date you started cohabitating (living with) primary other party (if applicable): \_\_\_\_\_

Date of separation from primary other party (if applicable): \_\_\_\_\_

Date of divorce from primary other party (if applicable): \_\_\_\_\_

Is there any other information you feel is important to your case?