



Legal Aid Application — Family Case (Not CFCSA) Client Profile

Last name _____

First name _____ Middle _____

Birthdate Day _____ Month _____ Year _____

Marital status _____

Address _____

City _____

Province _____ Postal code _____

Phone _____ Type _____

Email _____

Aliases _____

Requested lawyer _____

Consent to be contacted for Surveys/Evaluations
 Yes No _____
(preferred contact method)

Gender Male Female Other

Aboriginal Ancestry: Yes First Nations On reserve
 No Métis Inuit Off reserve
 Declined to answer

Residence
 On reserve
 Off reserve

ID type _____

ID number _____

Highest education

Languages/Special needs

In most cases, an LABC intake worker will need to contact you to complete the application process.

Is it safe to contact you to complete this application? Yes No

If no, you can complete a Release of Personal Information Form to allow us to contact someone else on your behalf.

Can LABC leave a message for you? Yes No

Any other special instructions for contacting you? _____

Describe your legal problem:

Completed by:
(Name and organization)

Client name	client no.	SR no.

Household size _____ Living with _____

Client's employment status _____

Income

Proof of income documents attached (please list):

Assets (includes personal and joint property)

Source	Monthly amounts
Social assistance:	
EI	
Worksafe BC	
CPP	
OAS	
Other pension	
Employment	
Self-employment	
Spouse (see below)	
Support from friend or relative	
Student loan	
Maintenance or spousal/child support	
Rental income	
Investments	
Other	
Canada Child Benefit	
GST payments	

Asset:	_____	
	Market value	\$ _____
	Less charges owing	\$ _____
	= Equity	\$ _____
Asset:	_____	
	Market value	\$ _____
	Less charges owing	\$ _____
	= Equity	\$ _____
Asset:	_____	
	Market value	\$ _____
	Less charges owing	\$ _____
	= Equity	\$ _____
Asset:	_____	
	Market value	\$ _____
	Less charges owing	\$ _____
	= Equity	\$ _____

Total income: \$ _____

Allowable deductions (receipts required; please attach)

Description	Monthly amounts
Money sent overseas to support spouse and/or children	
Travel expenses used to exercise access rights to children	
Costs of supervision for supervised access visits to children	
Daycare expenses	
Education expenses for special needs child	
Prescription drugs	
Other necessary medical or dental expenses	
MSP, extended health, and disability insurance payments	
Court fines	
Money paid to a bankrupt's (the applicant's) estate	
Garnishment payments	

Total deductions: \$ _____

Total income	\$ _____
- Total deductions	\$ _____
= Net income	\$ _____

Spouse's Income

What is your spouse's source of income? Employment (job) BC Benefits (social assistance) EI Benefits Other

Client name	client no.	SR no.

Have you recently been served with court documents? Yes No

If yes, when were you served? _____

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

If yes, when is the court date? _____

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

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

From _____ (Day/Month/Year) To _____ (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 and 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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____
Relationship of client to child (please specify)	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other _____
Relationship of opposing party to child (please specify)	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> 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

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