

Legal Aid Application - Immigration Case Client Profile

(*asterisks denote mandatory fields) Gender*: Marital Last Name* status*: If yes, Indigenous Ancestry: First Name* Identity: Residence: Birthdate* ID number*: ID type: (dd-mmm-yyyy) No In-Custody? Yes Address*__ If yes, location: _____ Education: Languages/Special needs City Phone Email Requested Lawyer: Consent to be contacted for Surveys/Evaluations*: Yes No 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*? No If no, you can complete a Release of Personal Information Form to allow us to contact someone else on your behalf. No Can LABC leave a message for you?* Any other special instructions for contacting you? Describe problem*:

Date:

Completed by:



Assessment of Financial Eligibility

For Office Use Only:

,, ,		
Client Name	Client No.	SR No.

Household size* Living with*	
Client's employment status*	
Income*	Proof of income documents attached (please list):
Source Monthly amount:	s
Social assistance:	
EI	Assets (includes personal and joint property)
Worksafe BC	Asset:
СРР	Market value \$
OAS	Less charges owing \$
Other pension	= Equity \$
Employment	Asset:
Self-employment	Market value \$
Spouse (see below)	Less charges owing \$
Support from friend or relative	= Equity \$
Student loan	Asset:
Spousal support	Market value \$
Child support	Less charges owing \$
Rental income	= Equity \$
Other:	Asset:
Canada Child Benefit	Market value \$
GST payments	Less charges owing \$
Total income: \$	= Equity \$
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	For Office Use Only:
Education expenses for special needs child	
Prescription drugs	Total income \$
Other necessary medical or dental expenses	
MSP, extended health, and disability insurance payments	- Total deductions \$
Court fines	
Money paid to a bankrupt's (the applicant's) estate	= Net income \$
Total deductions: \$	
	What is your spouse's source of income?
Spouse's Income	viriat is your spouse's source or income:
Complete if you have included a spouse in your household size above.	
Employment (jo	bb) BC Benefits (social assistance) EI Benefits Other
Spouse's Net Monthly Income:	

Details of Immigration Case

For Office Use Only:

,, ,		
Client Name	Client No.	SR No.

Details of Country of Persecution	k	
Country	Status in that Country	
Departure Date		
Country of birth		
Other country where you have perma	nent status, if any:	
Previous Resident Countries*		
Country	Country	
Status in that Country	Status in that Coun	ntry
Length of Stay	Length of Stay	
Departure Date	Departure Date	
Refugee claim filed?		?
If "No", why not?	If "No", why not? _	
Current Status in Canada*		
Date of Entry into Canada	Where did you enter?	Criminal charges or convictions? If yes, provide details:
Status in Canada	Family members filing?	
If yes, family members:		
Name	Date of Birth Relationship	
		-
		-
		-
		-
Refugee Claim: Next Important Date	*	
	ate for*:	

Legal Aid BC 02/23

Details of Immigration Case

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Basis of Claim"		
If you have submitted a copy of your Basis of Claim please send it with your application. You can refer to it rather than answering the next 3 questions.		
Do you have any reason to fear going back to your country? Who/What do you fear and why?		
Why could you not receive protection in your home country?		
Did you try to move anywhere else in your country? If so, why were you unsafe there? If not, why are you not able to live		
safely in any other part of your country?		

Legal Aid BC 02/23