

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.**

Family name: _____ Given Names: _____

If you have used or been known by any other name, what is it? _____

Birth date: _____ Gender: Male Female Not Provided Other

Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

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

Current Marital Status: _____ Aboriginal Ancestry: Yes No Declined to Answer

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

Number of people in your house, including you: _____ Total NET monthly income from all sources for everyone: _____

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: _____

INFORMATION ABOUT YOUR LEGAL CASE

Have you seen a Family Duty Counsel before? Yes No

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

Has this matter been to court: Yes No

If yes, what level of court: Supreme Court Provincial Court Court of Appeal

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:

- | | |
|---|---|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Property division |
| <input type="checkbox"/> Guardianship, parenting responsibilities / Custody | <input type="checkbox"/> Possession of home |
| <input type="checkbox"/> Parenting time, contact / Access | <input type="checkbox"/> Restraining order – assets |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Protection order – person |
| <input type="checkbox"/> Spousal support | <input type="checkbox"/> Non-removal order |
| <input type="checkbox"/> Maintenance enforcement | <input type="checkbox"/> Family violence |

Child Protection cases:

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

Were you referred from any agency? (check only one of the following)

- | | | |
|---|---|--|
| <input type="checkbox"/> Aboriginal community agency | <input type="checkbox"/> Family Maintenance Program (income assistance) | <input type="checkbox"/> LABC Family LawLINE |
| <input type="checkbox"/> Access Pro Bono | <input type="checkbox"/> Health professionals | <input type="checkbox"/> LABC Family Law Website |
| <input type="checkbox"/> Advocate or community agency | <input type="checkbox"/> Immigrant settlement or multicultural organization | <input type="checkbox"/> MCFD social worker |
| <input type="checkbox"/> Court staff or judiciary | <input type="checkbox"/> JAC - Resource Room or Self-Help | <input type="checkbox"/> Private lawyer |
| <input type="checkbox"/> Courthouse library | <input type="checkbox"/> Law Students' clinic or program | <input type="checkbox"/> Private mediator |
| <input type="checkbox"/> Crown counsel/prosecutor | <input type="checkbox"/> Legal Services/Legal Aid | <input type="checkbox"/> Police/victim services |
| <input type="checkbox"/> Family Justice Counsellor | | <input type="checkbox"/> Other government agency |
| <input type="checkbox"/> FMEP | | |

ADDITIONAL INFORMATION ABOUT THE PRIMARY OTHER PARTY

Primary Other Party's Birth date: _____ Gender: Male Female Not Provided Other

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?
