

REFERRAL TO: FAMILY ADVICE LAWYER, FAMILY DUTY COUNSEL or FAMILY LAWLINE

Referred From: _____ Date: _____
 Family Justice Counsellor JAC Interviewer CSO

CLIENT INFORMATION

Client Family Name: _____ **Given Names:** _____
 Have you used other names? _____ **Occupation:** _____
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:** _____
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:** _____

CASE INFORMATION

Rule 5: Yes No

Is Client in mediation? Yes No

Client's Issues: (check all applicable issues)

- | | | |
|---|---|---|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Spousal support | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Parenting issues | <input type="checkbox"/> Maintenance enforcement | <input type="checkbox"/> Family violence |
| <input type="checkbox"/> Denial of parenting time | <input type="checkbox"/> Property division | <input type="checkbox"/> Hague convention |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Protection order (family member) | |

Reason for referral: _____

Next Court Date and Time: _____

CLIENT CONSENT

I consent to the above information being released for the purpose of a referral to Family Advice Lawyer, Family Duty Counsel and Family LawLINE services (the "Programs"). I acknowledge that the Programs provide referral information, legal advice and dispute resolution services to low-income families experiencing family law issues. Information that I share may be used for Program evaluation purposes.

Signature: _____ **Date:** _____

INSTRUCTIONS: How to contact and set an appointment

1) FAMILY ADVICE LAWYER or FAMILY DUTY COUNSEL

Please telephone to set an appointment at a location near you. State that you have been referred to **Family Duty Counsel** or a **Family Advice Lawyer** by a **Family Justice Counsellor** for legal advice to support mediation services:

Kamloops:

250-828-4688 Family Justice Centre, 200-444 St Paul St, Kamloops, BC

Kelowna:

250-712-3636 Family Justice Centre, 119-565 Bernard Ave., Kelowna, BC

Nanaimo:

250-741-5447 Family Justice Access Centre, 65 Front Street, Nanaimo, BC

New Westminster:

604-660-8636 Family Justice Centre, 204-88 10th St., New Westminster, BC

Prince George:

250-565-4222 Family Justice Centre, 471-1011 Fourth Ave, Prince George, BC

Surrey:

604-501-3100 Family Justice Centre, Surrey Provincial Court, 14347 – 57th Avenue, Surrey, BC

Vancouver:

604-660-1508 Robson Square Provincial Court, Vancouver Justice Access Centre, 290-800 Hornby St., Vancouver, BC

Victoria:

250-356-7035 Victoria Law Courts, Justice Access Centre, 225 – 850 Burdett Ave., Victoria, BC

2) FAMILY LAWLINE

You may also receive legal advice from the **Family LawLINE**, a telephone advice service. For an appointment, please call the **Family LawLINE** voice mail box and leave your name and telephone number. State that you have been referred by a **Family Justice Counsellor** for legal advice to support mediation services. The **Family LawLINE Administrator** will call you back.

Family LawLINE Voice Mailbox: 604-601-6043

Toll-Free in BC: **1-844-601-6043**

Family LawLINE FAX: 604-601-6195.

Write on the cover – TO: LawLINE – (Referral from FJC)

Family LawLINE Email: LawLINE@legalaid.bc.ca.

Write in the Subject line: (Referral from FJC)