



ACKNOWLEDGEMENT OF FAMILY DUTY COUNSEL SERVICES (LONG FORM)

Do you have a lawyer? Yes No If yes, see the Family Duty Counsel (or reception) before filling out this form.

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:

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 duty counsel ("the Lawyer(s)") 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(s) 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;
Attending court with me to ask for an adjournment, an unopposed or consent order, or an emergency restraining order, if necessary;
Informing me on how to make a court appearance; and
Referring me to other resources.

I agree that the Lawyer(s) cannot:

- Go to court on any contested trial or any hearing where the issues are not simple, as determined by the Lawyer(s);
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 duty counsel.

I agree that the Lawyer(s) 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 Duty Counsel Program can only provide me with a limited amount of legal advice.

I am aware that the Family Duty Counsel Program can only provide me with a maximum of three hours of legal advice (or up to 45 minutes of legal advice, if I am not financially eligible, at the lawyer's discretion).



I am aware that I may be contacted by a Legal Services Society (LSS) 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 LSS 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

Have court documents been filed? [ ] Yes [ ] No [ ] Not applicable

What level of court? [ ] Supreme Court [ ] 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:

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

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)

- [ ] Aboriginal community agency [ ] Friends/family [ ] LSS Family LawLINE
[ ] Access Pro Bono [ ] Health professionals [ ] Mediate BC
[ ] Advocate or community agency [ ] Income assistance [ ] Online/internet
[ ] Child Support Officer (CSO) [ ] Immigrant settlement or multicultural organization [ ] Private lawyer
[ ] Court staff or judiciary [ ] JAC Resource room/Self-Help [ ] Private mediator
[ ] Courthouse library [ ] Law students' clinic or program [ ] Police/victim services
[ ] Crown counsel/prosecutor [ ] Legal Aid/LSS Intake [ ] Social worker
[ ] Family Justice Counsellor [ ] Other government agency
[ ] 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

Table with 6 columns: Family Name, Given Names, Birth date, Birthplace, Resides with you (Yes/No/Shared), Name of other Parent. Contains 5 empty rows.

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

Table with 6 columns: Family Name, Given Names, Birth date, Birthplace, Resides with you (Yes/No/Shared), Name of other Parent. Contains 3 empty rows.

INFORMATION ABOUT YOUR FAMILY PROBLEM

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

Date of marriage to 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?

Five horizontal lines for providing additional information.