



ACKNOWLEDGEMENT OF FAMILY ADVICE LAWYER SERVICES (FJC)

Do you have a lawyer? [] Yes [] No If yes, see the Family Duty Counsel (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 acknowledge, agree and accept 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 acknowledge, agree and accept 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 acknowledge, agree and accept 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 acknowledge, agree and accept 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 acknowledge, agree and accept 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 qualified, 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

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:

- [] Divorce [] Property division
[] Guardianship, parenting responsibilities / Custody [] Possession of home
[] Parenting time, contact / Access [] Restraining order - assets
[] Child support [] Protection order - person
[] Spousal support [] Non-removal order
[] Maintenance enforcement [] 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)

- [] Aboriginal community agency [] Family Maintenance Program (income assistance) [] LSS Family LawLINE
[] Access Pro Bono [] Health professionals [] LSS Family Law Website
[] Advocate or community agency [] Immigrant settlement or multicultural organization [] MCFD social worker
[] Court staff or judiciary [] JAC - Resource Room or Self-Help [] Private lawyer
[] Courthouse library [] Law Students' clinic or program [] Private mediator
[] Crown counsel/prosecutor [] Legal Services/Legal Aid [] Police/victim services
[] 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, Name of other Parent. Contains 5 rows for child information.

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, Name of other Parent. Contains 3 rows for other children information.

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?

Multiple horizontal lines for providing additional information.