

Application for Legal Services

Last Name:		First Name:		Date of Birth (YYYY/MM/DD):	
Address:		City:		Province:	Postal Code:
Home Telephone:		Mobile:		Email:	
Preferred method of contact:		Gender (M/F/X):	Canadian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, immigration status:		
Self-Identified as Indigenous: Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>		If yes, which of following: First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/>		Member of LGBTQ2S: Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>	
Member of a visible or ethnic minority: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, which of following: East Asian <input type="checkbox"/> South Asian/East Indian <input type="checkbox"/> West Asian <input type="checkbox"/> Latinx <input type="checkbox"/> Black <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other _____		Do you have any special needs: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:	
Highest Education Level:		Occupation/Employer:		Member of an Union: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Household Size:		Annual Household Income:		Number of dependents:	
Have a complaint/grievance been filed with your employer/Worksafe/Human Rights Tribunal/Others: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide additional details:					
Have you obtained any legal advice in relations to this issue: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state from whom:					
Do you need an interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please specify:		Next proceeding date/deadline:	
How did you hear about us?					
I declare that the above information is true to the best of my knowledge. Signature: _____ Date: _____					