

## Application for Legal Services

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