

APPLICATION

Mailing Address

Surname: _____
Maiden/Other: _____
Given Name: _____
Date of Birth: _____
SIN: _____
Gender: Male Female

Address: _____
City/Town: _____
Province: _____ Postal Code: _____

Contact Information

Home Phone: _____
Cell Phone: _____
Other/Work Phone: _____
E-mail: _____

Spouse's Name: _____
Date of Birth: _____
Mailing Address: _____
City/Town: _____
Province: _____ Postal Code: _____

Dependents:

Number of Dependents (people you are financially responsible for): _____

Name of Dependent:	Date of Birth:	Relationship:	Living with you?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Marital Status:

Married Divorced
 Single Widowed
 Separated Common Law

Education:

Highest Grade Completed _____
 Post Secondary
 University

Employment Status:

Employed Name of Employer _____
 Unemployed E.I. benefits - start & end date: _____
 Student or in training

Do you receive Social Assistance?: Yes No

If yes, provide Account # (6 digits) _____

LEGAL MATTER

Have you previously consulted a lawyer on the same matter?: Yes No

If yes, provide the Name of the Lawyer: _____

Amount Paid: _____ Date: _____

Describe the purpose of this application or problem:

Family (divorce, separation, custody, access, etc.)

Civil

Criminal

If criminal, specify charges(s), upcoming court dates, name of accused(s) and name of complainant:

Employment Insurance Appeal

Social Assistance Appeal

Workers' Compensation Appeal

Other

If other, specify:

FINANCIAL INFORMATION

Monthly (net) Income:		
	<u>Yours</u>	<u>Spouse</u>
Salary	_____	_____
Old Age Security	_____	_____
Social Assistance	_____	_____
Employment Insurance	_____	_____
Worker's Compensation	_____	_____
Disability Pension	_____	_____
Canada Pension Plan	_____	_____
Other	_____	_____
Total:	_____	_____

Monthly Expenses:	
Shelter (rent/mortgage)	_____
House Insurance	_____
Taxes	_____
Telephone	_____
Light & Heat	_____
Oil (if applicable)	_____
Loans	_____
Charge Account(s)	_____
Support (i.e. child)	_____
Car Insurance	_____
Other	_____
Total:	_____

Statement of Liabilities:	
Bank Overdraft	_____
Business Loans (est.)	_____
Personal Loans	_____
Mortgage (est.)	_____
Other	_____
Total:	_____

Statement of Assets:	
Cash on hand	_____
Bank Account	_____
Credit Union	_____
Securities (Savings Bonds, etc.)	_____
Other	_____
Total:	_____

Life Insurance:	
Face Value	_____
Cash surrender	_____

Home:	
Mortgage Co.:	_____

Personal Property:			
Household furnishings, appliances Value (appraised/est.) _____			
<u>Automobile(s)</u>			
Year: _____	Make: _____	Value: _____	Amount Owing: _____
Year: _____	Make: _____	Value: _____	Amount Owing: _____

- I Consent to allow communication by e-mail, knowing that should anyone else have access to my e-mail account, confidentiality may be compromised.

- I Consent for the Legal Aid Commission to contact me at a later date for feedback regarding the service I received from staff and/or solicitors of the Commission.

I DECLARE THAT, the information on this application is true and complete and I will notify my lawyer of any changes. I will provide any further information required and I consent to have the information provided investigated for verification. I realize I may have to contribute towards the cost of any services provided to me.

I HEREBY AUTHORIZE a staff solicitor employed by the Newfoundland and Labrador Legal Aid Commission to disclose in Court the status of my application for Legal Aid assistance upon the request of any judge of the Provincial Court of Newfoundland and Labrador or justice of the Supreme Court of Newfoundland and Labrador.

Dated at _____, this _____ day of _____, 20 ____

Signature of Witness

Signature of Applicant

Privacy Notice

Under the authority of the *Legal Aid Act*, personal information is collected in order to administer the Legal Aid plan. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy (ATIPP) Act*. Any questions or comments can be directed to Donna Brophy, Administrative Coordinator, Newfoundland and Labrador Legal Aid Commission, at (709) 753-7860 or donnabrophy@legalaid.nl.ca