

Family Senior Counsel Program Referral Form

1. Client Information

Client #:

Certificate #:

Client Name:

Date of Birth:

Contact:

Address:

Unit #:

Town/City:

Province:

Postal code:

Phone:

Consent to leave voicemails:

Email:

Consent to communicate by email:

2. Other party's information

Name:

Date of Birth:

Contact:

Address:

Unit #:

Town/City:

Province:

Postal code:

Lawyer of record:

3. Court information

Court location:

OCJ/SCJ/UFC:

Next court date:

Zoom:

In person:

4. Client vulnerabilities

Mental health, physical health or addiction challenges

Client identifies as First Nations, Inuit or Métis

Client identifies as an individual from an equity-deserving group, including but not limited to Black and racialized individuals, as well as persons with disabilities, women and members of the 2SLGBTQ+ community

Domestic violence including physical, sexual, emotional, or financial

Trauma

Other:

Language:

Other:

Interpreter:

Other:

5. Referral information

What are the issues?

Decision-making responsibility

FRO

Parenting time

CYFSA

Restraining order

Ex-Parte

Child support

Property

Spousal support

Other:

6. Reason for referral

- Details of case and legal complexities, including any court orders/separation agreements, deadlines to file and serve, upcoming court dates, stage of the proceeding, presence of urgency
- If available, include copies of relevant court or financial documents
- Any other information

Please note, we may need to follow up with you to obtain further details. A referral does not guarantee that the client will be represented by the Family Senior Counsel program.

Representation through the Family Senior Counsel program is voluntary and clients can refuse senior counsel services without affecting their eligibility for other LAO services.

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Personal information contained on this form is collected under the authority of the *Legal Aid Services Act, 2020* and will be used for the purpose of delivering legal aid services under LASA.

Questions about this collection should be directed to the Privacy and Access to Information Officer at fippa@lao.on.ca or 1-800-668-8258.



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