

Lawyer assisted application form for family law proceedings (domestic violence)

This form is reserved for use in cases where a family law client (“hereinafter “applicant”) is experiencing domestic violence. This form can be used for new applicants and/or existing clients of LAO. All fields in this form must be completed.

This is an initial application form to be completed by a lawyer on behalf of an applicant to begin the application process. Where the information provided can satisfy eligibility requirements, a certificate will be issued and sent directly to the lawyer.

Where financial eligibility cannot be confirmed or there is no active Consent and Declaration on file with LAO, applicants may be required to call LAO at **416-979-1446** or toll free: **1-800-668-8258** to complete this initial application.

Applicant information

Name:

Contact:

Mailing address:

Unit #:

Town/City:

Province:

Postal code:

Home address (if different from mailing)

Unit #:

Town/City:

Province:

Postal code:

Phone:

Email:

Date of birth:

Gender: Male Female X Unknown

Marital status:

Status in Canada:

Indigenous self-identification

Do you self-identify as First Nations, Métis, Inuit or other? Yes No

If yes:	First Nations	Status	Non-status
		On Reserve	Off Reserve
	Métis	Registered	Non-registered
	Inuit		
	Other		

Self-identification of Race

Asian - East (e.g.: Chinese, Japanese, Korean)	Prefer not to answer
Asian - South East (e.g.: Malaysian, Filipino, Vietnamese)	Do not know
Asian - South (e.g.: Indian, Pakistani, Sri Lankan)	Not asked
Black - African (e.g.: Ghanaian, Kenyan, Somali)	Other (please specify)
Black - Caribbean (e.g.: Barbadian, Jamaican)	
Black - North American (e.g.: American, Canadian)	
Indian-Caribbean (Guyanese with origins in India)	
Latin American (e.g.: Argentinian, Chilean, El Salvadorian)	
Middle Eastern or North African (e.g.: Egyptian, Iranian)	
Roma	
White - North American (e.g.: American, Canadian)	
Identifies as Indigenous in self-identifying section above	

Legal case details

The individual applying for Legal Aid is a victim or survivor of domestic abuse and this is a factor in their need for legal assistance.

Yes

No

Applicant does not wish to disclose this information

Applicant does not wish to disclose the information but self-identifies as experiencing domestic abuse

- Does the other party cause the applicant to fear for their safety or the safety of their children? Yes No
- Have the applicant and/or child/ren experienced physical violence by other party? Yes No
- Has the other party tried to control the applicant for example (non-exhaustive), by telling your client where they can go, who they can talk to, limiting client access to money, making them feel useless, or feel like they are unable to make a good decision about anything? Yes No

Individual applying for legal aid is the: Applicant Respondent

Name and date of birth of the other party in the proceeding:

Domestic family law proceeding

This is an initial application

Date of separation:

Notes regarding the application:

This is a motion to change

Date of last order:

What is the material change and the facts to support the remedy being sought?

The parties agree on all of the family law issues? Yes No

Matter being contested

The matter(s) being contested:

Decision-making responsibility

(children have been residing with _____ since separation)

Parenting time

Contact

Child support

Is support being paid in accordance to the Child Support Guidelines? Yes No

Child support arrears

Spousal support

Restraining order

Property division

Type of property and value:

Divorce

Other (please specify)

Children subject to the proceeding

List the full names and birthdate of the children subject to the proceeding:

Name	Date of birth

Court proceedings

Court location:

Number of court appearances:

Next court date:

In custody? Yes No

Financial information

Has the applicant paid a lawyer any money for this proceeding? Yes No

If yes, what amount? \$

Financial information must be provided for the applicant and any spouse/person responsible.

Family size:

Marital status:

Single	Married	Common-law
Divorced	Separated	Widowed

Spouse - name (first, middle, last):

Dependants living in the home #:

Paying support for dependants living outside the home \$ /month.

Accommodation:

Renter	Jail	Homeowner
Paying-boarder	Non-paying boarder	Shelter
Homeless	Youth at home	Hospital
Other		

Assets:

Property (address, market value, mortgage)

Liquid assets (bank, investments, etc.)

Type:

Current value \$

Income:

Income type	Applicant Gross monthly income	Spouse / Person responsible Gross monthly income
Employment	\$	\$
Employment Insurance (EI)	\$	\$
Canada Pension Plan (CPP)	\$	\$
Child tax	\$	\$
Old Age Security (OAS) / Guaranteed Annual Income System (GAINS)	\$	\$
Ontario Works (OW)*	\$	\$
Ontario Works applied	\$	\$
Ontario Disability Support Program (ODSP)*	\$	\$
Pension	\$	\$
Spousal support	\$	\$
Worker Safety Insurance Board (WSIB)	\$	\$
Self-employed	\$	\$
Other	\$	\$

* Social Assistance (OW/ODSP) Member ID:

Medical expenses:

Type / description:

Monthly amount:

Confirmation

Submitting this form does not guarantee coverage under Legal Aid Ontario's (LAO) certificate program. Applicant must meet requisite eligibility criteria. In cases where information can satisfy eligibility requirements, certificates will be processed and sent directly to counsel. Lawyer assisted applications will be processed in 3-5 business days. If certificate confirmation is not received within that period, please advise the applicant to contact LAO.

- Toronto: 416 979 1446
- Toll free: 1 800 668 8258

By submitting this form, I declare that the applicant has verbally consented to have me submit this application on their behalf. I confirm the information contained herein is complete, true and accurate to the best of my knowledge. I have confirmed that the applicant understands that in accordance with *Legal Aid Services Act 2020*, Section 13, Legal Aid Ontario may recover the cost of legal aid and consents to have the issued certificate sent directly to me.

Name:

Date:

Signature:

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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.

