



## **FAMILY DUTY COUNSEL REFERRAL FORM FOR LEGAL SERVICES INTAKE**

To: Legal Services Society

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Client Issues:

- Restraining Order
- Custody
- Access
- Spousal Support
- Child Support
- Child, Family and Community Services Act
- Family Maintenance Enforcement Act
- Property
- Exception Review (ie. Family problem does not fit LSS coverage)
- Dispute Resolution Services
- Other:

\_\_\_\_\_

Reason for Referral to Legal Aid. Identify barriers to client proceeding alone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next Court date and time: \_\_\_\_\_

Name of Family Duty Counsel Lawyer: \_\_\_\_\_

Lawyer's Signature: \_\_\_\_\_

**Legal Services Call Centre:  
604-408-2172 (Lower Mainland)  
1-866-577-2525 (Toll Free, Outside the Lower Mainland)**