Referral Form & Service Request

☐ Community Law ☐ Family Law

Referral/Request Date: ____________________________

Personal Information

First Name:	**Last Name:**	
Date of Birth: _______ (Month) _______ (Day) _______ (Year)	**Gender** (please ✓): ☐ Male ☐ Female ☐ Other	**Second Language Service Required:** ☐ Yes ☐ No **What language:**
Address:	**City:**	
	Postal Code:	
Cell phone:	**Source(s) of Income:**	
Email:		
Family Status: ☐ Single ☐ Single Parent - # of Children: ________ ☐ Common-law: no children ☐ 2-Parent Family - # of Children: _______	**Employment Status:** ☐ Full-time ☐ Part-time ☐ Pension ☐ No Income ☐ Other: _______________	**Mental Health Condition** ☐ Yes ☐ No **Connected:** ☐ Yes ☐ No

Referral Information

Referral Source	Service Request	
☐ Internal (LCSS)	☐ Income Security	☐ Divorce/Separation Advice and Support
☐ Friends / Family	☐ Tenancy / Housing	☐ Financial Support (Family)
☐ Community Agency	☐ PWD / CPPD	☐ Legal Aid
☐ Fraser Health	☐ Employment	☐ Duty Counsel
☐ Clinic / Hospital	☐ Human Rights	☐ Family Justice Centre
☐ Self	☐ Debt (Under 200K)	☐ Ministry of Child & Family Development (MCFD)
☐ Other: _______________	☐ Federal Benefits	☐ Other: __________________________

Law Team Only

Follow-up Required: ☐ Yes ☐ No	**Level of Service:** ☐ General Information on Referral ☐ Summary Service ☐ Full Retainer

Contact Record

Closing Date: ____________________________

CLIO Database #:	NUCLEUS Database #: