



REFERRAL FORM

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

- Referral to: [ ] the Court of Appeal Program; [ ] the Family Law Program; [ ] the Federal Court of Appeal Program; [ ] the Judicial Review Program; [ ] the Mediators' Program; [ ] the Solicitors' Program; [ ] the Wills and Estates Program.

Referral from: (name) \_\_\_\_\_

(email) \_\_\_\_\_

(telephone) \_\_\_\_\_

- [ ] advocate; [ ] private lawyer; [ ] articling student; [ ] other \_\_\_\_\_

- or volunteer/employee of: [ ] Community Legal Assistance Society; [ ] LawLINE; [ ] Salvation Army BC Pro Bono Program; [ ] UBC Law Students' Legal Advice Program; [ ] University of Victoria Law Centre; [ ] Western Canada Society to Access Justice; [ ] other \_\_\_\_\_

Client's Name: (Last name, first name, initial)
Address:
Is it okay to send mail to this address? [ ] Yes [ ] No
Email:
Phone number(s):
Is it okay to leave messages at the above number(s)? [ ] Yes [ ] No
Gender: [ ] M [ ] F Age: Language(s) spoken:

Financial eligibility:

Does the Client meet the financial eligibility criteria for your particular pro bono organization? [ ] Yes [ ] No

If No, or if you are an advocate or a private lawyer, state the Client's Gross Family Income (Monthly): \_\_\_\_\_

**Opposing party:**

Name: \_\_\_\_\_ Relationship (if relevant) : \_\_\_\_\_

Counsel (if known): \_\_\_\_\_

**Possible Limitation dates:** \_\_\_\_\_

Provide a concise description of the facts and circumstances that give rise to the Client's claim or defence (include additional page(s) if necessary):

Provide a concise description of the particular type and scope of pro bono assistance that the Client requires from a Roster Lawyer in order to advance or meet his/her case:

In your opinion, does the Client's case have sufficient merit to present a reasonable prospect of success?  Yes  No

Did you provide a copy of the PBLBC Roster Program Client Information Sheet to the Client?  Yes  No

Where relevant, did you advise the Client of possible assistance through Legal Aid, duty counsel programs or other pro bono programs?  Yes  No

For the purpose of acquiring pro bono assistance through Pro Bono Law of BC, I \_\_\_\_\_ (the "Client") hereby consent to the release of my personal information as stated on this Referral Form.

\_\_\_\_\_  
Client Signature

**Please send, fax or e-mail this Form to:**

Pro Bono Law of BC  
P.O. Box 103, 845 Cambie Street, Vancouver, BC, V6B 4Z9  
f. (604) 893-8934, info@probononet.bc.ca