

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:

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