

**1. Client's Agreement** (Client to complete) Interview # \_\_\_\_\_ Clinic Host ("Agency").....

I, \_\_\_\_\_, for valuable consideration received agree as follows:  
(client's name)

(a) I agree with the Western Canada Society to Access Justice ("Access Justice") and the "Agency" (see name above) that I hereby release Access Justice and the agency of all claims, past and future, concerning legal services to me and (b) I agree with my *pro bono* lawyer (see name below) that he/she will act for me solely during this meeting and after that has no duty to provide further services and that he/she may provide Access Justice with a brief summary of this form for statistical reports and for the Law Society (for insurance) and that any clinic assistant or other person attending this meeting is acting under my lawyer's authority and protected by my lawyer's privilege from being subpoenaed by opposing parties; and (c) I declare that I have attended your clinics \_\_\_\_\_ times before (# of visits), my family net income is less than the limit of \$2700 per month (plus \$100 for each dependent), and my assets are worth less than \$10,000 (the disabled, seniors over 65 and single custodial parents qualify though they own a home; others may have a home equity of up to \$60,000).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ 19\_\_\_\_\_  
Client's Birth Year Client's Signature

**2. Lawyer's Acceptance:** (a) I witnessed the client's signature above, (b) I agree to his/her contract with me and, (c) I will provide a copy of parts 1 and 2 hereof to Access Justice and the Agency on request in the future.

\_\_\_\_\_  
Other Persons Present (if any) Lawyer's Name (please print legibly) Lawyer's Signature

**3. Facts** (Lawyer to complete a summary)

**4. Advice Given**

- a)
- b)
- c)

**5. Client's Certification**

I agree that the above information is correct.

My address is: \_\_\_\_\_ My phone number is: \_\_\_\_\_

**IMPORTANT: If you want more assistance, do not contact the lawyer. Instead, contact the law clinic for a follow-up appointment. Please bring this sheet back for all future clinic sessions. (For information, call 604-878-7400)**