**SHARE Family & Community Services Legal Advocacy Program**

Through funding from The Law Foundation of British Columbia, SHARE Family & Community Services Society is able to provide **free** legal advocacy to low-income individuals and families in the Tri-City Area. Advocates can provide information on legal processes, referrals to other agencies who are able to help, and advocacy in the areas of Poverty Law and Family Law.

Please note that Legal Advocates are not lawyers and cannot offer legal advice, or represent you in court.

 **Poverty Law Advocacy Services**

* Assist with applications and reviews for:
	+ Income Assistance
	+ Canada Pension Plan
	+ Persons with Disability
	+ Landlord/Tenant Disputes
* Provide information, referrals, and support, to assist in accessing services
* Assist with the completion of forms, applications, letters, and appeal documents
* Assist with problem solving
* Support clients in self-advocacy

**Contact the Advocate:**

**Phone:** 604.937.6982 || **Email:** legaladvocacy@sharesociety.ca

**Family Law Advocacy Services:**

* Provide information, and assistance with family law matters including:
	+ Provincial and Supreme Court forms and applications
	+ Guardianship, Parenting Time, Child or Spousal Support agreements
	+ Child Protection Cases
* Assist with applications and appeals for Legal Aid
* Provide information, support, and referrals to assist in accessing services
* Assist with problem solving
* Support clients in self-advocacy

**Contact the Advocate:**

**Phone:** 604.936.3900 EXT. 207 || **Email:** legaladvocacy@sharesociety.ca

**Referral Form**

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| **If possible, please complete the referral form and send to: legaladvocacy@sharesociety.ca****If you have trouble completing the referral form, or do not have access to a computer, please call a Legal Advocate for assistance** |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****What language do you speak?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Is a translator needed?**[ ] Yes [ ] No**What is the best way to get a hold of you?** [ ] Phone [ ] Email**Can we leave a message saying we’re calling from SHARE Family & Community Services?**[ ] Yes [ ] No | **Type of Referral**[ ] Self-Referral[ ] SHARE Program Referral[ ] Referral from another agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Agency Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Person Referring) **Which legal advocacy services are you interested in?** [ ] Poverty Law Advocacy[ ] Family Law Advocacy**What is your income source?** (check all that apply) [ ] Income Assistance [ ] PWD [ ] WCB[ ] Employment [ ] CPP [ ] Spousal Support[ ] Pension [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Do you have a safe place to live?**[ ] Yes [ ] No**Do you have any upcoming hearings, court dates, or deadlines to submit legal documents or applications?**[ ] Yes [ ] No**If yes, when is your upcoming date, and what is it for?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Which city do you live in?**[ ] Coquitlam[ ] Port Coquitlam[ ] Port Moody[ ] Belcarra[ ] Anmore[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has MCFD expressed concern about the safety of your children?**[ ] Yes [ ] No**Has MCFD removed your children from your home?**[ ] Yes [ ] No**If yes, when?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Tell us what is going on. How can we help you?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****If you have trouble completing the referral form, or do not have access to a computer, please call a legal advocate to make an appointment.****Poverty Law Advocate:** 604.937.6982**Family Law Advocate:** 604.936.3900 EXT. 207 |

**Authorization to Share Information:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (First and Last Name) (Referring Agency/Program)
to obtain and release information with the **SHARE Family & Community Services Legal Advocacy Program** regarding my legal advocacy needs and any relevant details about my referral to their program, including but not necessarily limited to the referral form attached.

I understand that because SHARE Family & Community Services Legal Advocacy Program is funded by The Law Foundation of British Columbia, my referral form and other details of my case may be seen by The Law Foundation of British Columbia, as part of routine file reviews.

**I understand that this authorization to share information may be cancelled at any time by advising the Legal Advocacy Program in writing.**

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| **First and Last Name of Referral** |  | **Signature of Referral** |
|  |  |  |
|  |  | **Date Signed**(day/month/year) |
|  |  |  |
| **Name of person referring** |  | **Signature of person referring** |
|  |  |  |
|  |  | **Date Signed**(day/month/year) |