STUDENT LEGAL SERVICES OF EDMONTON (SLS) DO-YOUR-OWN-DIVORCE CLINIC (DYOD) APPLICATION FORM

Date:

PLEASE COMPLETE THIS APPLICATION AND RETURN TO STUDENT LEGAL SERVICES "ATTN: FAMILY LAW PROJECT COORDINATOR"

Student Legal Services

East Campus House, University of Alberta

11036 – 88 Avenue, Edmonton, Alberta T6G 0Z2

□ **FAX:** (780) 492-7574

□ **EMAIL:** family@slsedmonton.com (Attach to email in PDF format)

If you need help reading, understanding, or filling out this form, please phone (780) 492-8244 or come into our office to get help from a law student. Please check our website for office hours: http://www.slsedmonton.com/contact

	PERSONAL INFORMATION (APPLICANT)			
Please write your name exactly as it appears on your marriage certificate				
First Name				
Last Name				
Mailing Address				
Telephone				
77				
E-mail Address				
Communication Preference	Please send me communication about the clinic by:			
	Trouble bond in Communication we can the Communication of			
Language				
Select all that apply:				
	If you have trouble communicating in English, SLS can contact your family			
	member, friend, or translator about your DYOD Application with your			
	permission. To give permission, please provide that person's name and			
	phone number in the space below:			

SPOUSE'S PERSONAL INFORMATION (RESPONDENT) Please write the name of your spouse exactly as it appears on your marriage certificate							
First Name							
Last Name							
Spouse's Address or Current							
Location/Whereabouts							
Notas St	udant Lagal Caminag will not contact your groups						
Note: St	udent Legal Services will not contact your spouse						
	CASE INFORMATION						
Residency							
	d in Alberta for one year to participate in the Do-Your-Own-Divorce Clinic						
Marriage Certificate							
	e certificate with you to the DYOD Clinic. <u>Do not send SLS your marriage</u>						
certificate with your DYOD Applicate	<u>Ton.</u>						
Grounds for Divorce							
	or divorce in Canada. Please choose the one ground you will be using (pick						
only one).							
C I							
Court Proceedings							

Domestic Violence (select all that apply	y)		
		NIAL PROPERTY	
☐ There is <i>no</i> matrimonial property or o	debt (property	or debt that was acquired d	uring the marriage)
SPOUSAL S	UPPORT, PE	ENSION, & OTHER BEN	EFITS
If it is possible you or your spouse may	want to claim	spousal support or be entitl	ed to pension or other benefits,
you must seek legal advice before partic	upanng in ine	DIOD Cunic.	
	CII	IILDREN	
	Cn	IILDKEN	
Your Child's Full Name	Age	Lives With (e.g. Mom,	Lives Where (e.g. Edmonton,
		Dad, Grandparent, etc)	Ontario, Philippines, etc.)
Custody/Parenting			
, g			
If you do not agree on custody/parenting	a vou must so	ek indenendent legal advice	ahout your property division
before participating in the DYOD Clinic		ся тисрепист нединиимсе	μοσιι γουι ριορειιγ αινιδιοιι

Child Support		

FINANCIAL ELIGIBILITY

My income is approximately \$

per month.

This amount should match the amount of money going into your bank account each month. Your income includes employment income, pension, AISH, social assistance, spousal support, and any money transfers from friends and family. This amount does **not** include child support.

For this DYOD Clinic, a dependent is someone you are supporting financially. A dependent could include a minor child, a spouse who does not work, an adult child who is in school or has a disability, an elderly parent, etc.

I have

_dependents in my household.



ATTACH INCOME DOCUMENTS

I have attached the following proof of income to my application:

Note: If you do not have a steady source of income (e.g. you have recently changed jobs, have become recently unemployed, or are on maternity leave), we will require bank statements as proof of your income.

Your Application for the DYOD Clinic will be considered incomplete and will not be processed if you do not provide acceptable proof of income attached to this application form when you return it to SLS.

Household Income Earners

I authorize Student Legal Services of Edmonton to verify the financial information I have provided on this form and any documents I have attached. I realize than any misrepresentation regarding my information as provided will result in denial of assistance from Student Legal Services of Edmonton.

Applicant's Signature



BEFORE YOU RETURN YOUR APPLICATION PACKAGE, PLEASE DOUBLE CHECK THE FOLLOWING:

- □ You keep the letter attached to the front of the form. That is information for you.
- ☐ You must attach proof of your income (pay statements/bank statements, <u>not</u> your tax return)
- □ Make sure you have answered every question.
- □ Attach your complete Application Form (4 pages + your income documents) with one staple or one paperclip, or scan into one PDF document.