



PRINT INFORMATION. IF AN AREA DOES NOT APPLY MARK N/A

OPEN FILE FORM FLAT

Date: \_\_\_\_\_  
Shift: \_\_\_\_\_  
Caseworker: \_\_\_\_\_  
Dayleader: \_\_\_\_\_

[ATTACH A SHEET IF MORE THAN ONE PRINCIPAL]

Mr. Ms. Mrs. Miss **None**

Name (First) (Last)

(Apt.) Address

City/Town Prov. Postal Code

Birthdate: (month) (day) (year)

Telephone: (HM) \_\_\_\_\_

Work: \_\_\_\_\_

Other/Email: \_\_\_\_\_

Marital Status:

☐ Single ☐ Married ☐ Divorced  
☐ Separated ☐ Widow/er ☐ Common-Law

Do you live with:

☐ Parents ☐ Friends/Roommate ☐ Relatives  
☐ Alone ☐ Spouse ☐ Shelter

Are you a U of A undergrad student? ☐Yes ☐No ☐Graduate

Is this a youth matter? ☐Yes ☐No

Have you consulted a lawyer about this matter?

☐Yes ☐No

What happened? \_\_\_\_\_

Have you applied to Legal Aid for coverage on this matter?

☐Yes ☐No

What happened? \_\_\_\_\_

Have you applied to SLS before?

☐Yes When? \_\_\_\_\_ ☐No

What happened? \_\_\_\_\_

What is your immigration status? \_\_\_\_\_

Where did you hear about SLS? \_\_\_\_\_

Do you identify as aboriginal? \_\_\_\_\_

Will you require an interpreter in court? (specify language) \_\_\_\_\_

FINANCIAL CIRCUMSTANCES  
MONTHLY INCOME

Employment	\$	_____
Social Assistance	\$	_____
AISH	\$	_____
WCB	\$	_____
Pensions	\$	_____
Maintenance/Support	\$	_____
EI	\$	_____
<b>TOTAL</b>	<b>\$</b>	_____

Total earnings last 12 months  
Total earnings last 12 months \$ \_\_\_\_\_  
+Common Law Partner/Spouse's income \$ \_\_\_\_\_  
= **Total combined income** \$ \_\_\_\_\_  
# of Dependents \_\_\_\_\_

Canada Revenue Agency Info Obtained  
☐ Yes ☐ No

Employer: \_\_\_\_\_

Income Notes:

CIVIL

Specific matter: \_\_\_\_\_

Limitation Period: \_\_\_\_\_

Opposing Parties: \_\_\_\_\_

Opposing Parties Address (if known): \_\_\_\_\_

FAMILY

Specific matter: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Spouse/Partner Address: \_\_\_\_\_

Child(ren) with dates of birth: \_\_\_\_\_

CRIMINAL

Charge(s) (include Act): \_\_\_\_\_

COURT APPEARANCES:

Next:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_

Location (city): \_\_\_\_\_

☐Docket ☐Trial ☐Other \_\_\_\_\_

Previous:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_

Location (city): \_\_\_\_\_

What happened: \_\_\_\_\_

Previous:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_

Location (city): \_\_\_\_\_

What happened: \_\_\_\_\_

Previous Convictions/Orders:



WAIVER

I authorize Student Legal Services of Edmonton, by one of its members, to act as my agent in all matters and proceedings relating to:

- I ACKNOWLEDGE THAT THE MEMBERS OF STUDENT LEGAL SERVICES OF EDMONTON ARE NOT LAWYERS NOR DO THEY PRETEND TO BE LAWYERS.
- I will not hold Student Legal Services of Edmonton or any person involved with Student Legal Services of Edmonton liable for any damages arising from any service which is rendered to me.
- I understand that no charge will be made for any services provided.
- It is my responsibility to advise Student Legal Services of Edmonton of any change of my address or telephone number.
- If I fail to keep my contact information updated, Student Legal Services of Edmonton reserves the right to close my file after two weeks of a no contact letter being sent to my last known address.
- I understand that I am required to attend every court appearance, and if I do not, Student Legal Services of Edmonton will withdraw from the record.
- Completion of this form does not guarantee that Student Legal Services of Edmonton will assist me.

DECLARATION OF FINANCES

I hereby declare that the information provided to Student Legal Services of Edmonton pertaining to monthly income, assets, liabilities and financial circumstances is true. I understand that failure to provide full disclosure may adversely affect the outcome of the services provided and may result in Student Legal Services of Edmonton discontinuing to provide further services.

Date	Principal's Signature	Witness (Caseworker) Signature
Date	Principal's Signature	Witness (Caseworker) Signature
		Print Name/Shift Phone: (780) 492-2226 Fax: (780) 492-7574 Criminal Law Office: (780) 425-3356

BRIEF DESCRIPTION OF PARTICULARS (ATTACH OTHER PAGE IF NECESSARY)

ARE THERE ANY CO-ACCUSED? (SLS can only represent one)

Name	Address	Telephone
Name	Address	Telephone

IS THERE A COMPLAINANT OR COMPLAINANTS?

Name	Address	Telephone
Name	Address	Telephone

ARE THERE ANY WITNESSES?

Name	Address	Telephone
Name	Address	Telephone

GUILTY PLEA WAIVER

I wish to enter/change my plea on the charge(s) \_\_\_\_\_  
from not guilty to guilty. In accordance with s. 606(1.1) of the Criminal Code of Canada, I have been advised by Student Legal Services of Edmonton of the nature and consequences of such an action.

1. I understand that by entering a plea of guilty I am giving up my right to have a trial.
2. I understand that entering of a guilty plea is final and cannot be changed later.
3. I understand that by entering a plea of guilty I am admitting the essential elements of the offence.
4. I understand that a plea of guilty may result in a criminal record which may affect my ability to get certain jobs and travel to other countries.
5. I understand that the Court has complete control over any sentence imposed following the entering of a guilty plea and it is not bound by any agreement made between Student Legal Services of Edmonton and the Prosecutor. No representation and/or guarantees have been made by Student Legal Services of Edmonton.

My decision to enter/change my plea was made freely and voluntarily.

Date	Principal's Signature	Witness Signature
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COORDINATOR		FILE APPROVAL ADVISING LAWYER	
Date	Signature	Date	Signature
Comments: _____		Comments: _____	