



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/Roomate ☐ 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	\$	_____
TOTAL	\$	_____

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

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: _____	