Queen's Law Clinics
Family Law Clinic

APPLICATION FOR QUEEN'S FAMILY LAW CLINIC SERVICES

The QFLC assists individuals and families in Kingston and the surrounding communities who would otherwise have difficulty affording legal counsel. Individuals will likely qualify financially
for assistance if their gross household income does not exceed the Legal Aid Ontario threshold for enhanced duty counsel services (found here: Financial eligibility for Legal Aid Ontario services). We cannot assist with matters regarding spousal support or any issues regarding property.

Special circumstances affecting any aspect of eligibility will be considered by the Director. All information provided to the QFLC is held in strict confidence and shall not be disclosed to any third parties without your express consent.

If you feel you may be eligible for our services, please complete the following information below. Fields marked with an asterisk * are mandatory fields and must be filled out in the application form. Otherwise, your application will be returned to you as incomplete. If you do not wish to provide information using this form, please contact our office by phone at
613-533-2102 or email qflc@queensu.ca. In person meetings are held at our office at 303 Bagot St., Kingston (5th Floor).

Please send the following application form to:

Queen's Family Law Clinic
5th Floor Lasalle Mews, 303 Bagot Street
Kingston, Ontario K7K 5W7

You can also fax or email the completed application form to: Fax: 613-533-3110
Email: qflc@queensu.ca

CLIENT INFORMATION	
***Full Legal Name:** *If married, please provide maiden name as well*	
***Date of Birth:**	
***Source of Income:**	SELECT ONE
***Amount of Yearly Household Income (Gross):**	
***Number of People in Household:**	
***Phone Number:**	
Email Address:	

***Complete Mailing Address:**	*Street Address*	*City*	*Postal Code*
Opposing Party's Full Legal Name:** ***If married, please provide maiden name as well			

FILE INFORMATION	
***What is the nature of your legal issues? Please select the applicable box:**	☐ Parenting Time ☐ Decision-Making Responsibility for Children ☐ Child Contact ☐ Child Support ☐ Child Support Variation ☐ Family Responsibility Office Enforcement ☐ Matter Simple Divorce (No Outstanding Issues) ☐ Other – please provide short description of issue: _____ _____ _____ _____ **Please note that even if your legal problem is within one of the areas listed above, this does not guarantee that QFLC can assist you with your specific case. Conversely, even if you have checked off "Other", this does not necessarily mean that QFLC will be unable to assist you.**

***Please describe what you would like QFLC's assistance with:**		
Where did you hear about us?	Please let us know if you were referred to us or where you heard about us: ☐ Court ☐ Social Media ☐ Family Justice Centre ☐ Word of Mouth ☐ Other Community Organization	
DEADLINE (if any):		***Please Note**: If this situation requires immediate attention and assistance, please seek assistance from a local lawyer or Duty Counsel. Our student clinic does not handle urgent matters or provide immediate assistance.*

***Please attach proof of your income listed above (such as your most recent 2 paystubs or your Notice of Assessment from the most recent Tax Filing Year) as well as proof of the total annual income of all people over 18 years old who are related to you and who live at the address shown on your photo identification.**

I understand that my identification document and a document proving my income are required by the Law Society of Ontario and by Legal Aid Ontario to prove that I am eligible for services from the QFLC. The QFLC must keep the information collected on this form and my documents confidential. If QFLC cannot assist me, this information will be kept by QFLC and cannot be destroyed. By submitting this form, I am consenting to allow QFLC to share this information with Legal Aid Ontario, but only if QFLC opens a file for me and Legal Aid Ontario requires this information to prove that I am eligible for services from QFLC. QFLC will not share this information with anyone else.

Signed: **Date:**