

## FREE LEGAL CLINIC SIGN-UP FORM

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Opposing Party **(REQUIRED)**: \_\_\_\_\_

Have you met with a lawyer regarding this matter:  
If yes, have they agreed to represent you:

Issue:

Appeal from:

Small Claims Court

Labour Standards

Assessment

Supreme Court

Other: \_\_\_\_\_

Motor Vehicle

Property:

Boundary

Purchase and Sale

Other: \_\_\_\_\_

Contract

Will or Estate

Foreclosure

Employment/Wrongful Dismissal

Other: \_\_\_\_\_

**BRIEF SUMMARY OF YOUR LEGAL MATTER:**

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**I MOST NEED HELP WITH:**

1. \_\_\_\_\_

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\_\_\_\_\_
2. \_\_\_\_\_

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\_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LAW COURTS FREE LEGAL CLINIC APPOINTMENT**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**CLINIC LOCATION  
2<sup>ND</sup> FLOOR, THE LAW COURTS  
1815 UPPER WATER STREET  
HALIFAX, NOVA SCOTIA**

**PLEASE BRING ALL THE PAPER WORK  
ASSOCIATED WITH YOUR LEGAL MATTER**