

FREE LEGAL CLINIC SIGN-UP FORM

Name: _____

Contact Information: _____

- Previously Attended Clinic**
- Never Attended A Clinic**

Opposing Party (Required): _____

Counsel For Opposing Party: _____

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: _____

**SYDNEY JUSTICE CENTRE
FREE LEGAL CLINIC APPOINTMENT**

Name: _____

Date: _____

Time: _____

**CLINIC LOCATION
MAIN FLOOR, SYDNEY JUSTICE CENTRE
136 CHARLOTTE ST.
SYDNEY, NOVA SCOTIA**

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