

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

**YARMOUTH JUSTICE CENTRE  
FREE LEGAL CLINIC APPOINTMENT**

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

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**CLINIC LOCATION  
MAIN FLOOR, YARMOUTH JUSTICE CENTRE  
164 MAIN ST.  
YARMOUTH, NOVA SCOTIA**

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