

VALCO LEGAL CLINIC

CLIENT INTAKE FORM

Thank you for your interest in the VALCO Legal Clinic. The Clinic is a pro bono initiative between Torys LLP and CARFAC Ontario providing CARFAC Ontario members with free summary legal advice. Please note that Torys LLP is only able to provide summary advice and cannot represent you other than in exceptional circumstances to be determined on a case by case basis. Please also note that prior to receiving summary legal advice, you will be asked to sign a formal engagement letter setting out the terms on which Torys LLP will provide you with summary legal advice.

This form is to be filled out by the CARFAC Ontario member, reviewed by the CARFAC Ontario team and forwarded to the Torys LLP VALCO coordinator. Please note that any information you give us is private and confidential, and will only be shared with CARFAC Ontario and Torys LLP to determine that you qualify for assistance, that Torys LLP does not have any conflicts in assisting you, and to help provide you with legal advice.

Section A: Basic information

Date:	Intake CARFAC Ontario Member:
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Client Last Name:	First Name:	Initial:
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Address:
Email:

Is it okay to send email to this address? Yes No

If no, alternate address for email: _____

Phone #: (h:) _____ (w:) _____

Is it okay to leave messages at both of these numbers? Yes No

If no, alternate phone number: _____

Referred From: _____

Annual Income (Check one):

- Less than \$20,000
- \$20,001 - \$35,000

\$35,001 - \$49,999

Over \$50,000

Section B: Legal Issue (attach additional sheet if necessary)

Type of Legal Issue (check all that may apply):

- | | | |
|---------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Contract Review | <input type="checkbox"/> Copyright | <input type="checkbox"/> Intellectual property/copyright |
| <input type="checkbox"/> Commercial contract review or negotiations | <input type="checkbox"/> Incorporation | <input type="checkbox"/> Commercial lease review (for studio and gallery spaces) |
| <input type="checkbox"/> Housing problems and tenant rights | <input type="checkbox"/> Labour law | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Other: _____ | | |

Client Profile:

Case synopsis:

Assistance wanted:

Desired outcome:

Timelines and Deadlines:

CONFLICT CHECKS:

(Please indicate all relevant personal names, company names and trade names):

Opposing party/parties:

Relationship to issue:

Lawyers/representatives for
opposing party/parties (if
known):

Names of all other related parties: Relationship to issue:

Lawyers/representatives for
other party/parties (if known):
