

**CANADIAN CENTRE FOR MEN AND FAMILIES**  
**LEGAL INFORMATION CLINIC RELEASE FORM**

**RELEASE**

I acknowledge and agree to the following:

1. That the *Canadian Association for Equality* and *The Centre for Men and Families* is dedicated to providing instructional seminars with respect to various legal issues.
2. That the *Canadian Association for Equality* and the *The Centre for Men and Families* and its volunteers are providing these seminars on a pro-bono basis.
3. I understand that by attending and participating at the legal seminars that no solicitor client relationship is created with either the *Canadian Association for Equality* and the *The Centre for Men and Families* and any of its volunteers and or lawyers and paralegals in any capacity.
4. That all information, **suggestions and ideas are not to be considered legal advice** and that the content discussed is solely for the purposes of information.
5. That I agree to respect the privacy of others and to keep all matters confidential and that I will not disclose any confidential information about the *Canadian Association for Equality* and the *Centre for Men and Families* and its volunteers that might arise during the course of the seminar.
6. Further, that I agree to not disclose any confidential information that might come to my attention as a result of my attendance at the clinic about any other participants and members.
7. That I agree not to speak disparagingly or in any slanderous or defamatory manner about any of the information, suggestions including the *Canadian Association for Equality* or *The Centre for Men and Families* nor any of its volunteers in any way shape or form, including any social media platforms.
8. That I absolve the *Canadian Association for Equality* and *The Centre for Men and Families* and its lawyers and paralegals and any other volunteers for any potential legal liability that pertains to any information, suggestions and ideas with respect to my case.

9. That I am solely and exclusively responsible for my legal case and that I will not hold the *Canadian Association for Equality* and the *The Centre for Men and Families* and its lawyers and paralegals and any other volunteers responsible for any decisions I make with respect to my case.
  
10. As a participant I agree to respect the views of others and to foster and encourage a safe environment for the purposes of ensuring positive sessions. Further, that I will respect the time of other participants and any volunteers.
  
11. That I have honestly and truthfully complied and completed any pre-registration requirements.
  
12. I have read this document and understand its contents.

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

\_\_\_\_\_  
**Signature**

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

**CANADIAN CENTRE FOR MEN AND FAMILIES**  
**LEGAL INFORMATION CLINIC REGISTRATION**

**CONTACT INFORMATION**

1. Name:
2. Mailing address:  
Check if it is not acceptable to send mail to the address above
3. Phone number:  
Check if it is not acceptable to call your phone number
4. Email Address: Check if not acceptable to e-mail you

**PERSONAL INFORMATION**

5. Date of Birth (MM/DD/YYYY):
6. Occupation:
7. Highest level of education:
8. Marital Status:
9. Do you require any special needs?
10. Have you ever been charged with a criminal offence?

Were you convicted of any of the offences above?

**EMPLOYMENT INFORMATION**

11. What is your current employment status? Part Time      Full Time      Unemployed
12. What is your current yearly household income?

13. Name and contact information of your employer.

### **LEGAL INFORMATION**

14. Are you self-represented? Yes            No

15. The name and contact information for your lawyer:

16. Please identify your areas of interest. For example, family law, criminal law etc.

17. Please identify or describe what goals you hope to achieve by attending our program.

### **HEALTH INFORMATION**

18. Are you currently suffering from any form of mental health issue (eg. depression, anxiety etc)?

19. Have you received any treatment or counselling for these symptoms?

20. Have you ever thought of harming yourself?

21. Have you ever been hospitalized due to a mental health issue?

### **FILL IN THE FOLLOWING IF YOU ARE IN A FAMILY LAW SITUATION**

22. Partner or ex-partner name:

23. Partner or ex-partner mailing address:
24. Partner or ex-partner Date of Birth:
25. The name and contact information for the lawyer of your partner or ex-partner
26. The names and date of births of any children you have care and/or for whom you are responsible
27. Do your children require any special needs?
28. If you've been charged with a criminal offence, does it relate to your current or former partner?
29. Has your criminal charge been dealt with?
30. Have you or your ex-partner or spouse started any proceedings in family law court?
31. Have you been the victim of any domestic abuse by your partner?
32. Has your partner or ex-partner ever been criminal charged for any domestic violence?
33. Have you ever informed any professional such as a physician about being the victim of domestic violence?
34. Is the Children's Aid Society involved?

I \_\_\_\_\_, certify and acknowledge that the information provided is true and to the best of my ability. I understand that by providing any false or misleading information I will be refused any services and any future membership will be revoked.

\_\_\_\_\_ (sign) \_\_\_\_\_ (date)