

LEGAL HELP REFERRAL FORM

(Please fill out and fax all pages.)

Page 1 of 3

The Legal Clinic can help!

Do you have an issue with the following? Please check ALL issues you are experiencing.
THIS LIST IS NOT EXHAUSTIVE.

Housing

- I am behind on rent (amount owing: \$_____).
- I can't afford to pay my utilities (e.g. hydro or gas).
- Amount owing: \$_____.
- I've received a Sheriff's notice (e.g. the Sheriff is coming to change the locks).
****A Sheriff's notice requires immediate attention****
- I have received a notice from my landlord (notice: _____).
- I have a hearing with the Landlord & Tenant Board (Date of hearing: _____).
- My apartment/house needs repairs (*please list repairs*): _____
_____).
- Have you written to your landlord about the repairs? Yes / No
- My apartment/house is too cold.
- My apartment/house has bedbugs or other pests.
- My landlord is harassing me.
- My landlord has entered my unit without giving 24 hours written notice.
- My landlord is trying to evict me.
- My landlord locked me out of my apartment/house.
- I have difficulty getting into my building with my wheelchair.
- My landlord is increasing my rent illegally (i.e. more than 2.2% per year).
- I want out of my lease.
- My landlord said I have to get rid of my pet.

Income maintenance

- I was denied Ontario Works, ODSP, or CPP-D benefits.
- My OW or ODSP benefits were cut off or reduced.
- I have an overpayment.
- I need assistance with OAS/GIS/GAINS.
- I was denied employment insurance.

Employment matter

- I was fired or laid off (date I was fired/laid off): _____)
- I was treated differently at work or fired because of my disability, sex (including pregnancy and breastfeeding), gender identity, gender expression, sexual orientation, family status, marital status, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, religion, age, record of offences.
- My boss has created a poisoned or toxic environment for me.
- I was injured at work (date of injury: _____)
- I was denied employment insurance (date of denial of benefits: _____)
- I feel my work is unsafe or have been asked to do unsafe work.

The Legal Clinic
Perth · Sharbot Lake · Brockville
10 Sunset Boulevard, Perth, ON K7H 2Y2
(613) 264-8888 or 1-888-777-8916

*While financially supported by the LFO,
The Legal Clinic is solely responsible for
this form and all content.*

 **The Law
Foundation
of Ontario**
Advancing access to justice

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Page 2 of 3

Human rights

I was discriminated against at work or fired because of my disability, sex (including pregnancy and breastfeeding), gender identity, gender expression, sexual orientation, family status, marital status, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, religion, age, or record of offences.

➤ Date you were fired or discriminated against: _____

My boss won't give me time off to look after my sick child or because I was sick.

I was sexually harassed at work (date of incident(s): _____)

A landlord refused to rent to me, evicted me (or is attempting to), or is harassing me because I am on social assistance, because of my disability, family status, marital status, sex (including pregnancy), gender identity, gender expression, sexual orientation, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, religion, or age.

My landlord will not accommodate my disability (mental or physical).

Senior or Other Services

I need a Will (urgent: Yes / No).

I need a Continuing Power of Attorney for Property.

I need a Power of Attorney for Personal Care.

*** We prepare Wills and Powers of Attorney for clients regardless of their age.*

My adult child, or someone else, is forcing me into a seniors' home.

My adult child, or someone else, is spending my money without my consent.

I am being abused physically or emotionally by my caretaker.

Consumer protection

I owe money that I cannot repay.

A collection agency is harassing me.

My bank account has been frozen.

I am being sued.

I signed a contract with a door-to-door salesperson that I did not fully understand.

Other: _____

Check off ALL issues that apply and fax this form to 613-342-0004.

You may also wish to call us at 613-264-8888 or 1-888-777-8916.

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If you have any legal issue you believe we may assist you with, please call us.

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Page 3 of 3

Please use this form to refer people/individuals to The Legal Clinic (TLC).
(Patients/clients should be referred to LAO for family/criminal law: 1-800-668-8258)

PLEASE FAX COMPLETED FORMS TO TLC: 613-342-0004.

For immediate legal assistance call TLC: 613-264-8888, ext. 0.

Date: _____ Urgent (please circle one): Yes No
Your Organization: _____ Your Contact Number: _____
Referred by (your name): _____ Your Email address: _____
of pages total: _____

Do you have room for us to meet with this client at your office if they wish to do so? Yes/No
If yes please put office address here:

PATIENT/CLIENT INFORMATION:

Last name: _____ First name: _____
Preferred name: _____ Gender/Pronouns: _____
Phone number: _____ Alternate number: _____
Can we leave a message? (circle one) Yes or No
Best way to contact you if we cannot reach you by phone (please circle one): Mail or Email
-Please note we cannot offer legal advice or information via email-
Email address: _____
Address: _____
DOB: _____ (month/day/year)
I wish to have a support person present at my appointment (please circle one): Yes No
Name and phone number of support person (if applicable): _____
Additional notes (e.g. requires interpreter, best time to contact, disability-related needs, etc.):

REASON FOR REFERRAL:

Indicate legal issue(s) below, checklist (if completed) or enter brief description:

Housing (tenant rights, evictions, maintenance and disrepair, etc.)
 Income (Ontario Works, ODSP, Canada Pension Plan, Old Age Security, Disability Tax Credit)
 Human Rights / Discrimination by employer or landlord
 Employment (employment insurance, employment standards, wrongful dismissal, harassment, unsafe work)
 Worker's Compensation / WSIB (benefits denied, benefits cut off, etc.)
 Consumer (collection agencies, door-to-door sales, bank garnishment, student loans etc.)
 Abuse / Violence
 Power of Attorney for Personal Care / Continuing Power of Attorney for Property
 Will

Other: _____

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