

APPLICATION - FEDERAL COURT LEGAL ASSISTANCE PROGRAM (FCLAP)

The role of the Federal Court is limited to making application forms available in person and online. The Federal Court does not screen applications: **this program is managed entirely by members of the Bar.**

APPLICANT INFORMATION

Name:

Date:

Last

Year/Month/Day

First and Middle Initials

A. DETAILS OF YOUR CASE

1. Why were you refused legal aid?

2. Has another lawyer worked on your file?

YES

NO

3. If yes, may our volunteer lawyers communicate with that person?

YES

NO

4. Please provide the name and contact information for that lawyer (name, telephone/email).

B. YOUR CONTACT INFORMATION

Address

Street Address

Apartment/Unit #

City

Province (or other)

Postal Code

Phone

Email

5. May we leave a voicemail message for you at the number above?

YES

NO

6. Preferred language of communication?

French

English

Mother tongue

7. Do you require an interpreter?

YES

NO

If you answered YES, it is your responsibility to find an interpreter or friend to help you communicate with us.

C. FINANCIAL INFORMATION

TOTAL MONTHLY HOUSEHOLD
INCOME

Number of people in your household

8. Employment/Occupation: Please indicate which category applies to you:

Employee	Self- employed	Unemployment Insurance	Unemployed (not receiving benefits)	Social Assistance	Retired	Student
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Other (please specify):

9. Please list any other matters that should be considered by the program in order to decide if you meet the financial criteria:

D. OTHER INFORMATION

Are you under the age of 18? YES NO

How did you hear about the Program?

10. In this matter: Are you the Applicant? Are you the Respondent?

E. TYPE OF DECISION

11. Area of law concerned:
(Refugee, visa, work permit, application for permanent residence, etc.)

12. When did you receive the decision? Date:
Year / Month / Day

How did you receive the decision?
(by mail or e-mail)

F. DISCLAIMER AND SIGNATURE

The information you have provided will be treated confidentially by lawyers who have volunteered to assess cases.

I certify that my answers are true and complete to the best of my knowledge.

I have read the Terms and Conditions. Click [here](#) to read the Terms and Conditions.

Full name or signature: Date

We encourage you to visit the Federal Court's website and review the resources for self-represented litigants.

If you have any questions, please write to fclap-palcf@cas-satj.gc.ca to reach the volunteer lawyers.