

Wachiay Friendship Centre

1625 McPhee Avenue Courtenay, BC, V9N 3A6

Phone: 778-225-0306 Fax: 250-338-7287

Federally Registered Charitable Number: 896275898RR0001 Operating in the Traditional Territories of the Pentlach, Sahtloot, Sasitla, E'iksan, Yayaqwilta and K'omox Coast Salish People.

LEGAL ADVOCACY INTAKE FORM

Date:	Preferred pronouns:			
Legal First Name:		Legal Last Name	:	
Birth date:	Phone:			
E-mail Address:				
Home Address:				
City/Town:		Postal Code:		
If you are of Indigenous Ancestr	y, please ind	icate the followi	ng:	
Indigenous Status ☐ Non-St	atus □	Métis □	Inuit □	Other □
If applicable, name the opposing page (for example, your landlords name)):		, ,	
If applicable, name the opposing la	awver or advo	cate:		

Briefly give an overview of the problem you would like assistance with:						
						
· 						
						
						
Limitation Dates (fo	or example when	your eviction notice dispute	deadline is):			
						
Sources of Incom	e:					
Employment □	CPPD □	Income Assistance □	PWD □	CPP □		
Please indicate your average combined monthly income from all sources:						
Less than \$499□	99□ \$500-1499□ \$1500-2499□ \$2500-\$3499□ Greater than \$3500□					
Signature:		Date	ā.			