

DATE OF APPLICATION: \_\_\_\_\_

Please fill in as much information on this form as you can. Everything you write is confidential and protected by the attorney-client privilege.

FULL NAME	
DATE OF BIRTH	
IDENTITY NUMBER	
TELEPHONE NUMBER	
ALTERNATE NUMBER	
EMAIL	
POSTAL ADDRESS	
PHYSICAL ADDRESS	
OCCUPATION	
EMPLOYER	
EMPLOYER TELEPHONE NUMBER	
EMPLOYER ADDRESS	
ARE YOU MARRIED? IF SO, PLEASE SPECIFY REGIME AND DATE OF MARRIAGE	
FULL NAME OF SPOUSE	
SPOUSE TELEPHONE NUMBER AND EMAIL	
ARE/WERE YOU REPRESENTED BY AN ATTORNEY? PLEASE SUPPLY CONTACT DETAILS	
DO YOU HAVE A COURT DATE? PLEASE SPECIFY.	
DETAILS OF PARTY WITH WHOM YOU HAVE A DISPUTE.	
ARE YOU ACTING IN A REPRESENTATIVE CAPACITY? PLEASE SPECIFY AND ATTACH AUTHORITY.	

If you have children dependants please list their name, age, and gender, and the name of their other parent (if different from spouse).

CHILD NAME	CHILD GENDER	IDENTITY NUMBER OR DATE OF BIRTH	NAME OF OTHER PARENT

FOR STATISTICAL PURPOSES PLEASE INDICATE YOUR RACE:

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WHERE DID YOU HEAR ABOUT US?

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ARE YOU ABLE TO CONSULT IN ENGLISH OR WOULD YOU LIKE A TRANSLATOR?

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PLEASE BRIEFLY DESCRIBE THE REASON YOU SEEK LEGAL ASSISTANCE:

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Please set out your financial position in the tables below.

GROSS MONTHLY INCOME (ITEM)	GROSS MONTHLY INCOME (AMOUNT)
SALARY	R
PENSION	R
MAINTENANCE (TOTAL)	R
GRANTS (TOTAL)	R
RENTAL INCOME	R
OTHER (TOTAL)	R
<b>TOTAL</b>	

ASSETS	CURRENT FAIR MARKET VALUE
DO YOU OWN IMMOVABLE PROPERTY? IF YES, PLEASE SUPPLY FAIR MARKET VALUE.	R
DO YOU OWN MOVABLE PROPERTY? IF YES, PLEASE SUPPLY FAIR MARKET VALUE	R

**CONSENT:**

- 1) I/WE ACKNOWLEDGE THAT IN PROVIDING LEGAL SERVICES TO THE CLIENT OR THOSE IT REPRESENTS IT IS NECESSARY FOR THE (IIE) VARSITY COLLEGE COMMUNITY LAW CLINIC AS WELL AS THIRD PARTIES INVOLVED IN THE PROVISION OF LEGAL AND RELEVANT ANCILLARY SERVICES, TO PROCESS THE PERSONAL INFORMATION OF THE CLIENT OR THOSE IT REPRESENTS. I/WE PROVIDE MY/OUR EXPRESS CONSENT TO THE IIE VARSITY COLLEGE COMMUNITY LAW CLINIC TO PROCESS SUCH PERSONAL INFORMATION AS DEFINED IN LEGISLATION FOR PURPOSES OF PROVIDING SUCH SERVICES AS NECESSARY AND TO SHARE SUCH PERSONAL INFORMATION WITH 'THIRD PARTIES' IN ORDER TO EXECUTE OUR MANDATE;
- 2) I HAVE READ AND DO CONSENT TO THE TERMS OF THE IIE VARSITY COLLEGE COMMUNITY LAW CLINIC;
- 3) I KNOW AND UNDERSTAND THAT MY MATTER HAS NOT YET BEEN ACCEPTED BY THE IIE VARSITY COLLEGE COMMUNITY LAW CLINIC AND THAT I WILL BE INFORMED IN WRITING IF MY MATTER IS ACCEPTED OR DECLINED;
- 4) THE INFORMATION REGARDING MY FINANCIAL INFORMATION IS TRUE AND COMPLETE. I AGREE THAT THE IIE VARSITY COLLEGE COMMUNITY LAW CLINIC MAY REQUEST PROOF OF INCOME.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DULY AUTHORISED REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (WITNESS 1)

\_\_\_\_\_  
NAME (WITNESS 2)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVIEWED BY

\_\_\_\_\_  
SUPERVISING ATTORNEY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

TRANSLATED BY:

NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_