( ) Open File
( ) Reopen
( ) Reopen

( ) Close
( ) Reclose
( ) Reclose

( ) Reject - see inside
( ) Brief Service
( ) Summary Advice
( ) Self-Help

WORD PROCESSING LOG

TYPE OF DOCUMENT	DATE	NAME OF DOCUMENT	APPROVED BY	PRINTED BY

FILE OPENING RECORD

A. PRINT STUDENT NAME: _____

LOCATION OF INTAKE: MAIN OFFICE ( ) SATELLITE ( ) Which One?_____

HOW DID CLIENT HEAR OF L.A.W.? _____

CLIENT PROFILE

CLIENT NAME: _____ DATE OF BIRTH:_____ SEX: _____

ADDRESS: _____ POSTAL CODE:_____

HOME PHONE: _____ BUSINESS OR OTHER PHONE: _____

OPPOSITION NAME: _____ ADDRESS: _____

_____ PHONE: _____ OPPONENT'S LAWYER: _____

In Landlord-Tenant Matters: Address of Property in Dispute

_____

MARITAL: Single_____ Divorced/Separated _____ Married _____ Widow/Widower_____ Common-Law _____

FAMILY LIVING WITH APPLICANT:

Please indicate if living common-law, how long and if children were born of the relationship

Name	Relationship	Employed? (Yes) (No):	D.O.B

Supervisor Complete B

FILE INFORMATION

Supervisor _____

B. CASE TYPE CODE: _____ TYPE OF CASE: _____

LIMITATION PERIOD: _____ BRING FORWARD DATE: _____

BRING FORWARD SUMMARY: _____

_____

HEARING DATE: _____ **TIME:** _____ **PURPOSE:** _____

_____

SUPERVISOR COMMENTS

_____

_____

_____

_____

_____

_____

_____

_____

_____

EDUCATIONAL USE ONLY

EMPLOYMENT RECORD

Client's Employer: _____ How long? _____

Spouse's Employer: _____ How long? _____

Laid Off Since: _____ _____ Expect to Return: _____
(Applicant) (Spouse)

FINANCIAL DATA

MONTHLY INCOME	Applicant	Spouse
Gross Pay before deductions	$ _____	_____
Child Tax Credit	$ _____	_____
Tenant/Boarders	$ _____	_____
Pension Type	$ _____	_____
	$ _____	_____
E.I Benefits	$ _____	_____
Workers' Compensation	$ _____	_____
Social Assistance (Type)	$ _____	_____
	$ _____	_____
G.S.T Refund	$ _____	_____
Other (Specify)	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
NET INCOME (After Taxes)	$ _____	_____

ASSETS:

Value of Home Owned	$ _____
Mortgage Owing	$ _____

Registered Owner _____

_____

Auto _____
MAKE YEAR VALUE

2nd Auto _____
MAKE YEAR VALUE

Bank/Credit Union Balance	$ _____
RRSP, GIC	$ _____
Stocks, Bonds, etc.	$ _____
Boat, camper, etc.	$ _____
Life Insurance Cash Value	$ _____
Other (Specify)	$ _____
_____	$ _____
_____	$ _____

	MONTHLY EXPENSES
Rent/Mortgage Payment or Board	$ _____
Property Tax	$ _____
Property Insurance	$ _____
Hydro & Water	$ _____
Heat	$ _____
Cable/Satellite	$ _____
Phone	$ _____
Medical Insurance	$ _____
Drugs/Dental/Vision	$ _____
Life Insurance	$ _____
Support Payments	$ _____
Babysitter/Day Care	$ _____
Food	$ _____
Clothing	$ _____
Car Operation (gas & oil)	$ _____
Car Insurance & License	$ _____
OR Public Transit	$ _____
OTHER (List expenses not included above:)	
_____	$ _____
_____	$ _____
TOTAL BASIC NEEDS (A)	$ _____

DEBTS:

Creditor	Total Owing	Mo. Payment
_____		$ _____
_____		$ _____
_____		$ _____
_____		$ _____

TOTAL DEBT PAYMENTS (B)	$ _____
TOTAL MONTHLY EXPENSES (A) + (B)	$ _____
NET DISPOSABLE INCOME	$ _____
(Deduct expenses from net income)	

EDUCATIONAL USE ONLY

DATE	DESCRIPTION OF WORK DONE	TIME SPENT