



1526 Dresden Row, 4th Floor • Halifax, NS • B3J 3K3
P: (902) 422-4240 • E: info@avaloncentre.ca
SANE Program Business P: (902) 422-6503
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Charitable Reg. #: 119146363RR0001

Pathways to Justice: Legal Support Fund

Printable Application Form

*Indicates a required question/field. **Incomplete applications will not be considered.**

*Legal Name: _____

Preferred Name: _____

*Date: _____

*Please circle which region you live in:

Halifax/Dartmouth Central Zone Northern Zone Western Zone Eastern Zone

What city/town do you live in? _____

*Do you live in a rural or remote area?

☐ Yes

☐ No

*Email: _____

*Is it safe to send you an email?

☐ Yes

☐ No

*Phone Number: _____

*Is it safe to leave a voicemail on this number?

☐ Yes

☐ No

*Date of Birth: _____

*Gender: _____



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***Pronouns:** _____

***Racial Identification:** _____

Citizenship or Immigration Status: _____

***Referral Agency Attestation Form – please select one of the options below.**

- ☐ **I have attached a completed Referral Agency Attestation Form.**
- ☐ **I would like to connect with someone at Avalon to complete a Referral Agency Attestation Form.**

1. *The Pathways to Justice Fund provides a one-time fund of \$500 to survivors of sexual violence to help offset costs that can create barriers to accessing justice. This may include things like legal fees and consultations, Indigenous healing circles or Elder honorariums, restorative justice facilitation, support with family court, civil proceedings, or other related legal processes, or culturally grounded or alternative pathways to healing and justice. How do you plan to use this fund to support you on your pathway to justice? (Max. 350 words) If you need more space, please write on an additional piece of paper.

[illegible]



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2. *Have you received support from the Pathways to Justice Fund from Avalon before? If so, when?

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3. Is there anything else you would like to share with us?
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