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LEGAL AID ONTARIO  
AIDE JURIDIQUE ONTARIO

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**QUALITY ASSURANCE PROGRAM  
PROGRAMME D'ASSURANCE DE LA QUALITÉ**

**RETAINER**

Ontario Legal Clinic

I, Jane Doe, give the \_\_\_\_\_ Clinic the right to act for me to negotiate a settlement of my rent arrears with my landlord. I understand that if negotiations are not successful and my case goes before the Rental Housing Tribunal that the Ontario Legal Clinic will **not** represent me before the Tribunal.

**Community Legal Workers**

I understand and accept that a Community Legal Worker, under the supervision of a lawyer, may work on my file and may represent me.

**Payment**

- I will not have to pay for your services.
- I am expected to pay back any money you have to spend to work on my case. At the end of the work, I can discuss with you any problems I may have in paying this money.
- Any money that you receive on my behalf can be held in your Trust Account. This money can be used to repay you for money you have spent working on my case, after you have told me what those expenses are.
- If a court awards any money to pay for costs in my case, it will go to Legal Aid Ontario.
- If a court awards any money to pay for costs in my case, I will be repaid the money that I gave to the clinic for expenses.
- If a court orders me to pay money for costs to the other party in this case, I can **apply to Legal Aid Ontario for money to cover these costs. I understand that it is up to Legal Aid Ontario to decide whether or not to cover these costs. (amended by the QA Program on July 9, 2002)**

**Financial Eligibility**

You have explained to me, the Clinic’s financial eligibility criteria. The financial information that I have given to you is correct. I will inform you of any changes in my financial status. I agree that my financial information can be given to Legal Aid Ontario.

**Confidentiality**

Information you receive about me while working on my case will be kept confidential. If you need to use some information to act for me in this case, I give you permission to use it for that reason only, unless I have already told you not to do so.

**Complaints**

I understand that you have a written complaints procedure which I may use if I am unhappy with your services. This procedure is available to me if I ask for it.

**End of Retainer**

I understand that this retainer will end:

- When the services described at the beginning of this retainer are complete.
- If I do not contact you to give you updated information or instructions about my case.
- If I tell you to do something that you cannot do, ethically, as a lawyer.
- At my death.

**Understanding this Retainer**

I have read this retainer (or it has been read to me).

A staff member of the Ontario Legal Clinic has explained the contents of this retainer to me and I understand it. I agree with the contents of this retainer.

Date:

\_\_\_\_\_  
Signature of Client