



LEGAL AID ONTARIO
AIDE JURIDIQUE ONTARIO

Lawyer Empanelment Form

Law Society #:
Year of Call:

Lawyer Information (please print or type)	
First Name:	Middle Name:
Last Name:	Firm Name:
Business Address*:	Suite:
<i>*Note: The above address will be used on the referral lists, which will be made available to clients.</i>	
City:	Province:
Postal Code:	E-mail address:
Business Telephone:	Fax:
Registered for GST: No <input type="checkbox"/> Yes <input type="checkbox"/>	GST #:
<i>Note: if you become registered for GST after submitting this form, fax your GST number to the Lawyer Service Centre immediately at (416) 979-7326.</i>	
Preferred language of communication with LAO:	English: <input type="checkbox"/> French: <input type="checkbox"/>

General Information	
I am able to provide court/board representation in French:	Yes <input type="checkbox"/>
I am able to converse and take clients' instructions in a language other than English:	Yes <input type="checkbox"/> Specify language: No <input type="checkbox"/>
If you want to be added to another Area Office referral list, please contact the Area Director in that area for approval.	

Mentoring Information	
I am interested in being mentored:	Yes <input type="checkbox"/> Specify area(s) of law:
I have more than 10 years' experience and would like to have further information on participating in LAO's mentoring program:	Yes <input type="checkbox"/> Specify area(s) of law:

Request for Panel Membership

Legal Aid Ontario has established standards for membership on criminal, family, refugee, consent and capacity board, and duty counsel panels. **A request for membership must be accompanied by the respective panel applications** available on the web, and approved by the local legal aid area director (or Supervisory Duty Counsel for duty counsel panels).

I am requesting admission to the following panels (please check the appropriate box/es). I am attaching the required Panel Application Form.					
Certificate Panels			Duty Counsel Panels		
Area of Law	Panel List	Area Director's Signature	Area of Law	Panel List	AD or SDC Signature
Criminal	<input type="checkbox"/>		Criminal	<input type="checkbox"/>	
Extremely Serious Criminal Matters(ESM)	<input type="checkbox"/>		Family	<input type="checkbox"/>	
Family	<input type="checkbox"/>		Advice - General**	<input type="checkbox"/>	
Child Protection (CFSA)	<input type="checkbox"/>		Advice - Family Violence**	<input type="checkbox"/>	
Refugee	<input type="checkbox"/>		Advice-Refugee and Immigration**	<input type="checkbox"/>	
Consent and Capacity Board	<input type="checkbox"/>		Advice-Correctional Institutions**	<input type="checkbox"/>	
			Advice-Mental Health**	<input type="checkbox"/>	

Other Areas of Law:

I am qualified to represent LAO clients in the following areas of law and request to be placed on the referral list.			
Certificate Panels		Certificate Panels	
Area of Law	Panel List	Area of Law	Panel List
Ontario Review Board	<input type="checkbox"/>	Administrative Tribunals	<input type="checkbox"/>
O'Connor/Mills*	<input type="checkbox"/>	Collaborative Family Law*	<input type="checkbox"/>
Civil Litigation /Personal Injury	<input type="checkbox"/>		

* Special training and/or qualifications may be required. Contact your local area office. Attach a letter outlining your training and experience in this area of law.

** Not all area offices have duty counsel panels for all the areas of law listed above. Contact your local area office before completing the form to find out which of these panels are established in your local area.

All lawyers empanelled after Oct 1, 2008 must submit accounts through *Legal Aid Online*. If high speed internet access is unavailable in your area, you may submit accounts on paper, upon the approval of your Area Director.

When providing legal aid services, I agree to abide by:

- The General Terms and Conditions document.
- The *Legal Aid Services Act* (LASA) 1998 c. 26 and its Regulations and Schedules.
- All applicable panel standards.
- LAO's policies and procedures set out in LAO's Tariff & Billing Handbook and Duty Counsel Manual.

Lawyer's signature:
Date:

Mail, Fax or Deliver the Empanelment Package to your local Legal Aid Ontario Office, ATTN: Area Director (and /or Supervisory Duty Counsel).

Personal information in this form is collected under the authority of section 84 of the *Legal Aid Services Act* and is used for the purposes of creation and management of the lawyer panel list. The information provided may be communicated to legal aid applicants and verified with the Law Society of Upper Canada. Questions about this collection should be directed to the *FIPPA* Coordinator, 40 Dundas Street West, Suite 200, Toronto, ON, M5G 2H1, 416-979-1446 or 1-800-668-8258.



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Direct Deposit Authorization for Business Accounts

Lawyers must be registered for direct deposit in order to be entered onto the legal aid panels. Please complete the information below and attach a blank cheque (or copy of a blank cheque) marked "Void".

Name of Bank:

Address of Branch:

Branch Number:

Institution Number:

Account Number:

1. I / We agree to participate in this direct deposit program and authorize Legal Aid Ontario to credit the account at the financial institution indicated above.
2. I / We will inform Legal Aid Ontario, in writing, of any changes in the account information provided in this authorization (10 working days notice required).

Lawyer's Name:

Solicitor Number :
(If already registered)

Signature of Lawyer:

Signature of Account Holder (if different from lawyer):

Date:



Application Form for Tier Level Increase

I, _____, Barrister and Solicitor, certify that I was called to the Bar of Ontario in _____ (month) _____ (year).

Total Number of Years In Practice in Ontario	_____ yrs	(A)
Percentage of Practice		
Criminal Law:	_____ %	(B)
Civil Litigation:	_____ %	(C)
Other (not counted) :	_____ %	
	100%	Total

Calculating weighted average of years of experience			
Criminal law experience			
Years in practice _____ (A) x criminal law _____ % (B) =	_____ yrs	(D)	
Civil litigation experience			
Years in practice _____ (A) x civil litigation _____ % (C) =	_____ yrs	(E)	
Total years of criminal law and civil litigation (add (D) and (E)) =	_____ yrs	(F)	

Determining Tier Level Increase (select two only)		
If (F) is 10 years or more and (D) is 4 years or more	Criminal Tier 3	<input type="checkbox"/>
If (F) is 10 years or more and (E) is 4 years or more:	Civil Tier 3	<input type="checkbox"/>
If (F) is less than 10 years and (D) is 4 years or more:	Criminal Tier 2	<input type="checkbox"/>
If (F) is less than 10 years and (E) is 4 years or more:	Civil Tier 2	<input type="checkbox"/>
If (D) is less than 4 years:	Criminal Tier 1	<input type="checkbox"/>
If (E) is less than 4 years:	Civil Tier 1	<input type="checkbox"/>

According to the calculations above, which accurately reflect my years of experience, I am entitled to: **Criminal tier level** _____ **Civil tier level** _____

Date:	
Signature:	
Lawyer's Name:	Solicitor Number: (if already registered)