



LEGAL AID ONTARIO
AIDE JURIDIQUE ONTARIO

Lawyer's Annual Self-Report

To Confirm Ongoing Compliance with the Panel Standards

Lawyer Name (Print) _____ Legal Aid Solicitor # _____

If your status is conditional, do not complete the self-report for that panel. Your conditional status will be reviewed by your area director.

I continue to meet, without condition, the minimum related experience, or equivalency, for continued standing and have completed the annual professional development, as required by the panel standards, on the following panel(s):

- Criminal law**
- Family law**
- CFSA**
- Refugee law**
- Consent and Capacity**

By signing this form, I affirm that I am the panel lawyer completing this report, that I have read and understood the panel standard requirements, and that the information contained herein is complete, true and accurate.

Lawyer's signature _____ Date _____

Mail or fax to your local Legal Aid Ontario Area Office.

Personal information in this form is collected under the authority of section 84 of the *Legal Aid Services Act* and is used in determining whether the applicant meets the standards for retention on the panel, and for the purpose of creation and management of the lawyer panel list by area offices. The information as to membership on a panel may be communicated to legal aid applicants. Questions about this collection should be directed to the *FIPPA* coordinator, 404 – 375 University Avenue, Toronto, ON, M5G 2G1, 416-979-1446 or 1-800-668-8258. **Disponible en français- www.legalaid.on.ca/fr/**