Acknowledgement from counsel authorizing legal aid to release information

To be completed by Counsel in the event that it is not practicable for client to execute the Consent and Waiver.

Lawyer info	ormation				
Name:					
Solicitor #:					
Phone:					
Email:					
Client info	rmation	_			
Client name:					
LAO client #:					
Contact:	Address:				Unit #:
	Town/City:			Province:	Postal code:
	Phone:				
	Email:				
Date of birth:					
Gender:	Male	Female	X		

Acknowledgement

I am a barrister and solicitor in good standing with the Law Society of Ontario. I have been consulted for the purpose of bringing an application for state funded counsel.

In an application for state funded counsel, the Crown and the court will be provided with information about the status of the applicant's application for legal aid assistance. This information may be privileged and/or confidential. Legal Aid Ontario has recommended that Counsel review this information with the applicant before consenting to the further release of that information.

As a barrister and solicitor, I confirm that my client expressly authorizes and consents to the release of his/her Legal Aid Ontario file to me for the purpose of bringing an application for state funded counsel. It is understood that this information may include the following:

- Financial case notes
- Report on financial information
- Notice of Refusal and legal information case notes
- Applicant's requests for review and corresponding decisions at all levels of review within LAO
- Applicant's Request for Review to the Eligibility Review Office ("ERO")
- ERO Notice of Decision and legal information case notes
- Reconsideration request to ERO (where available)
- Applicant's change of lawyer request and counsel's reply (where applicable)
- Other (please specify)

Ver: 2024-02

On behalf of my client, I will send this Augencasemgmt@lao.on.ca mailbox and I or lawyer portal (Legal Aid Online).	othorization to Legal Aid Ontario via the consent to LAO sending the file to my office via email
Name:	Date:
Signature:	
Barrister and Solicitor	
Personal information contained on this form is collauthrotiy of the <i>Legal Aid Services Act</i> , 2020 and v purpose of delivering legal aid services under the	vill be used for the
Questions about this collection should be directed Access to Information Officer at fippa@lao.on.ca	

Ver: 2024-02