

Lawyer assisted inmate request for legal aid service form

FOR USE DURING COVID-19 DISRUPTIONS ONLY.

This form can be used for potential Big Case Management (BCM) charges.

Lawyer of choice

Name:

Solicitor #:

Phone:

Email:

Inmate information

Name:

Contact:

Out of custody / fixed address:

Unit #:

Town/City:

Province:

Postal code:

Phone:

Email:

Date of birth:

Gender:

Male

Female

X

Unknown

Marital status:

Status in Canada:

Indigenous self-identification

Do you self-identify as First Nations, Métis, Inuit or other? Yes No

If yes:

First Nations	Status	Non-status
	On Reserve	Off Reserve
Métis	Registered	Non-registered
Inuit		
Other		

Self-identification of Race

Asian - East (e.g.: Chinese, Japanese, Korean)	Prefer not to answer
Asian - South East (e.g.: Malaysian, Filipino, Vietnamese)	Do not know
Asian - South (e.g.: Indian, Pakistani, Sri Lankan)	Not asked
Black - African (e.g.: Ghanaian, Kenyan, Somali)	Other (please specify)
Black - Caribbean (e.g.: Barbadian, Jamaican)	
Black - North American (e.g.: American, Canadian)	
Indian-Caribbean (Guyanese with origins in India)	
Latin American (e.g.: Argentinian, Chilean, El Salvadorian)	
Middle Eastern or North African (e.g.: Egyptian, Iranian)	
Roma	
White - North American (e.g.: American, Canadian)	
Identifies as Indigenous in self-identifying section above	

Mental health issues

Does the inmate have any mental health issues? Yes No

If yes, please provide details:

Charges / legal details

Criminal defence

Date of arrest / occurrence:

Return date:

Court location:

Number of court appearances:

Bail hearing? Yes No

Bail status:

Plea: Yes No

Other:

Charges:

Institution:

Conviction date:

Potential BCM legal case details

Do you anticipate that total fees and disbursements for the criminal proceedings is likely to exceed \$20,000?	Yes	No
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If yes, please provide the following information:

Was this arrest a result of a police task force?	Yes	No
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If yes, what is the Project Name (i.e.: Project Silkstone), if know:

Were any funds seized?	Yes	No
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Has bail been denied?	Yes	No
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Are there any co-accused?	Yes	No
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If yes, please list them and their lawyers (if they are using different counsel):

Criminal appeal

Conviction date:

Has your client been sentenced? Yes No

If no, please wait for sentencing to be complete and submit request at that time.

Date of sentence:

Appeal of: Conviction Sentence

Responding to crown appeal? Yes No

Received a suspended sentence with probation? Yes No

Received a conditional sentence with terms? Yes No

Finished serving sentence or will complete sentence within 7 days? Yes No

Trial lawyer name:

Appellant lawyer name:

Immigration/refugee (LAO staff will be following up directly by telephone)

Details (including type of coverage and any upcoming deadlines and/or appearances)

Financial

Has the applicant paid a lawyer any money for this proceeding? Yes No

If yes, what amount? \$

Financial information must be provided for the applicant and any spouse/person responsible.

Family size:

Marital status: Single Married Common-law
 Divorced Separated Widowed

If applicable:

Spouse name (first, middle, last):

Spouse annual income:

Dependants living in the home #

Paying support for dependants living outside the home \$ /month

Funds seized:

Annual income:

Income source:

OW / ODSP: Yes No

Own property: Yes No

Other assets:

If employed, what is the likelihood of returning to work if released?

Unable to obtain information from the applicant

Confirmation

Client/inmate

I _____ authorize the lawyer noted in section 1 to be my lawyer for the purposes of my Legal Aid Certificate.

I acknowledge that I am choosing my lawyer for my case. I understand that they will get a legal aid certificate and Legal Aid Ontario will pay for the services billed by the lawyer. I am prepared to work with my lawyer to manage my case.

A change of solicitor request will only be considered under extraordinary circumstances. It is expensive and costs LAO money to let you change lawyers.

Counsel, confirm with client that they agree to the terms and conditions. Verbal declaration is accepted for consent and declaration per COVID-19 disruptions. Client is advised of obligations to sign and submit consent and declaration at a later date.

Signature:

Date:

Lawyer

By submitting this form, I declare that the applicant has verbally consented to have me submit this application on their behalf. I have confirmed that the applicant understands and consents to have the issued certificate sent directly to me (where there is a prior history with the lawyer on file at LAO); otherwise it will be sent directly to the applicant; and I confirm the information contained herein is complete, true and accurate to the best of my knowledge.

Name:

Date:

Signature:

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Personal information contained on this form is collected under the authority of the *Legal Aid Services Act, 2020* and will be used for the purpose of delivering legal aid services under LASA.

Questions about this collection should be directed to the Privacy and Access to Information Officer at fippa@lao.on.ca or 1-800-668-8258.



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AIDE JURIDIQUE ONTARIO