## Request for Authorization – CYFSA Certificate Services

Minimum experience requirements are available on <u>LAO's website</u>.

| Lawyer ir | nformation |           |
|-----------|------------|-----------|
| Name:     |            |           |
| Contact:  | Address:   |           |
|           | Town/City: | Province: |
|           | Phone:     |           |
|           | Email:     |           |
| Roster #: |            | LSO #:    |

## Minimum related experience

I meet Legal Aid Ontario's minimum experience requirements as set out in the Schedule to the Roster Rules made under the *Legal Aid Services Act, 2020.* 

I do not meet LAO's minimum experience requirements and am requesting Conditional Authorization as set out in the Schedule to the Roster Management Rule made under the *Legal Aid Services Act, 2020* ("Conditional Authorization Process").

I understand that if I am admitted in accordance with the Conditional Authorization Process I must meet the minimum experience requirements within 24 months of admission.

I understand that I must advise LAO on or before the 24-month conditional period expires whether or not I have met the minimum experience requirements.

I understand that if I do not advise LAO that I have met the minimum experience requirements, or do not request an extension as set out in the Conditional Authorization Process, I will have my CYFSA certificate authorization removed.

## **Mandatory professional development**

I shall complete a minimum of 3 hours of continuing legal education or the relevant equivalency in child protection law on an annual basis.

## **Additional requirements**

I affirm that I have read and understood the minimum experience requirements, the Roster rules and schedules, and the *Legal Aid Services Act*, 2020.

I affirm that the information contained herein is complete, true and accurate.

I understand that submitting false or misleading information will void my authorization and may result in the removal of my name from the Legal Aid Roster.

| Signature:          |                       |                       | Date:                 |              |
|---------------------|-----------------------|-----------------------|-----------------------|--------------|
| Office use: Approv  | val for CYFSA Ce      | ertificate Authori    | zation                |              |
| Approval signature: |                       |                       |                       |              |
| Date:               |                       |                       |                       |              |
|                     |                       |                       |                       |              |
|                     |                       |                       |                       |              |
|                     |                       |                       |                       |              |
| Please subi         | mit completed form to | the Legal Aid Ontario | District Office in yo | ur district. |
|                     |                       |                       |                       |              |
|                     |                       |                       |                       |              |

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 payment of accounts, investigations, and the administration of the *Legal Aid Services Act*.

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.



Ver: 2022-05