



Consent and waiver to Legal Aid Ontario to release information

Client name:

(First)

(Last)

Date of birth:

(YYYY-MM-DD)

LAO Client #:

Contact info:

Street address:

Unit/apt #:

City:

Province:

Postal code:

Home phone:

Cell:

Email:

Lawyer's name:

(First)

(Last)

Lawyer's email:

I am interested in bringing an application for state funded counsel. I give my authorization and consent to Legal Aid Ontario to release to my lawyer my file relating to my application for legal aid assistance in relation to the following matter:

The information to be released may include the following files:

- Financial case notes
- Report on financial information
- Area office Notice of Refusal and legal information case notes
- Applicant's appeal to the Area Committee
- Area Committee Decision Records (AC members names redacted)
- Area Committee Notice of Decision and legal information case notes
- Applicant's Notice of Appeal to the Provincial Office
- Provincial Office Notice of Decision and legal information case notes
- Reconsideration request to Provincial Office (where available)

- Applicant's change of solicitor request and counsel's reply (where applicable)
- Other

I understand that this information may be privileged and/or confidential and that my lawyer will have an opportunity to review and redact the file prior to submitting the relevant material to Crown Law Office - Civil for the purpose of applying for state funded counsel.

I consent to my lawyer sending this Consent and Waiver to LAO via the gencasemgmt@lao.on.ca mailbox and, I consent to LAO sending my file to my lawyer via email or Portal.

Dated at _____, Ontario,
(YYYY-MM-DD)

Witness

Client

Personal information in this form is collected under the authority of section 84 of the *Legal Aid Services Act*. 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.