

# Request for Authorization – Criminal Duty Counsel Services

Minimum experience requirements are available on [LAO's website](#).

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## Lawyer information

Name:

Contact:

Address:

Unit #:

Town/City:

Province:

Postal code:

Phone:

Email:

Roster #:

LSO #:

I am authorized to provide Legal Aid Services under the Criminal Certificate Authorization.

Note: In order to be authorized to provide Criminal Duty Counsel services, you must also be authorized to provide Criminal Certificate services.

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## Minimum related experience

I meet Legal Aid Ontario's minimum experience requirements for criminal duty counsel authorization as set out in the schedules 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 have read, understood and will comply with the minimum experience standards, the duty counsel provisional period, the duty counsel validity period, and the duty counsel evaluation requirement.

I understand that authorizations to provide duty counsel services may be subject to a provisional period and an evaluation as set out in the Roster Management Rules.

I understand that authorizations to provide duty counsel services are limited to 24 months and that I must request re-authorization on or before the expiry of my 24-month authorization.

I understand that if I do not request re-authorization, my duty counsel authorization shall be revoked.

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## Mandatory professional development

I shall complete a minimum of 6 hours of continuing legal education or the relevant equivalency in criminal law on an annual basis.

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## Additional Requirements – Best Practices, Case Law, and Equity Commitment

I have read, understood, and agree to comply on an ongoing basis with the *Legal Aid Services Act, 2020*, the Roster Management Rules, and all LAO policies and procedures.

I affirm that I have read and understood the minimum experience requirements, the Roster rules and schedules.

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:

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## Office use: Approval for Criminal Duty Counsel Authorization

Approval signature:

Date:

Please submit completed form to the Legal Aid Ontario District Office in your district.

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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 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](mailto:fippa@lao.on.ca) or 1-800-668-8258.



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