Duty Counsel and Subsequent Representation Request/Acknowledgement

Date:				
Name of Lawyer:				
Name of Client:				
Client DOB:				
Duty Counse	el Service Type	provided: (p	lease select one)
Criminal	Family	CFSA	Other Civil	Advice Lawye
Special Duty (Counsel			
Date(s) of DC Ser	vice:			
Place of DC Servi	ce:			
Please provide a tremand)	orief description of D	C services provide	d: (e.g. drafting, advice	only, guilty plea,

	case only complete th	iis portion of the form if	you are.							
1.	. Requesting an exemption; or									
2.	Certifying a prior solicitor-client relationship; or									
3.	Providing notice of having previously acted under the authority of a Advice Lawyer - Family Violence 2 hour Authorization.									
1.	Exemption Request	(Select all of the factor	ors that apply ar	nd provide details below)						
	Disability or Special	Needs of the client								
	Substantial services already performed by Duty Counsel									
	The inability of the person to access counsel other than Duty Counsel									
	Unique skills of Duty Counsel to represent the client									
	To fulfil the intention of the French Language Services Act									
	Other									
Ple	ease provide details fo	or requesting exemptio	n as they relate	to the options selected in the above:						
2.	Certificate of Duty C	Counsel								
Co rel	is is to certify that bunsel on the ationship with me, or in the practice of law		20	whom I assisted as Duty , had a previous lawyer-client who is associated with						
3.	Was the prior retain	er an LAO certificate	?							
	Yes No									

Ver: 2021-10

I acted under the authority of a "Advice Lawyer - Family Violence 2 hour Authorization dated:

Note: Please attach any additional information that you wish to be considered by the Director General or Designate.

Please submit to the appropriate district office for approval via email.

For Internal Purposes:

Director General approved/declined forms must be uploaded to PeopleSoft in the Notes section 365 side.

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: 2021-10

For	internal us	e only.	Please of	do not fill	out

Decision of the Director General or Designate

Date:

Exemption Approved

Exemption Denied

Director General or Designate signature:

Ver: 2021-10