Duty Counsel and Subsequent Representation Certification/Request

Please complete this form if you are:

- 1. Certifying that, prior to acting for a client as Duty Counsel, you had a solicitor-client relationship with the client; or
- 2. Requesting Legal Aid Ontario's (LAO) approval to represent a client for whom you previously acted as Duty Counsel in the same proceeding or in a related or ancillary proceeding.

Date:				
Name of Lawyer:				
Name of Client:				
Client DOB:				
Duty Counse (please select one	el Service Type	e provided:		
Criminal	Family	CFSA	Other Civil	Advice Lawyer
Special Duty (Counsel			
Date(s) of DC Ser	vice:			
Place of DC Servi	ce:			

Please provide a brief description of DC services provided: (e.g. drafting, advice only, guilty plea, remand)

1. Certifying a prior solicitor-client relationship

I hereby certify that , whom I assisted as Duty

Counsel on the day of 20 , and I had a previous solicitor-client relationship.

You may skip to the end for information about how to submit this form.

2. Request for approval to act (Select all of the factors that apply and provide details below)

Any special expertise of the roster member, including their ability to serve clients who have a disability or special needs

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

Please provide details for requesting exemption as they relate to the options selected in the above:

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

Ver: 2024-11

Please submit this form to the appropriate district office via email.



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: 2024-11

----- For internal use only. Please do not fill out. -----

Decision of the Director General or designate with respect to the approval request:

Exemption approved	Exemption de	nied
Director General or Designate s	signature:	Date:
Note: Director General the Notes section 365 s	• •	rms must be uploaded to PeopleSoft in

Ver: 2024-11