# Lawyer assisted application for Judicial Intensive Case Management Court (JICMC) proceedings

Only submit this form for adults facing criminal charges who are out of custody and are legally eligible for a limited certificate as they are referred into Judicial Intensive Case Management Court (JICMC). This form **cannot** be used for regular certificate applications. Incorrect forms and those that do not meet the criteria will not be processed.

#### **Section 1: Applicant information**

Name:					
Contact:	Address:				Unit #:
	Town/City:			Province:	Postal code:
	Phone:				
	Email:				
Date of birth:					
Gender:	Male	Female	Х		
Status in Canada:					
LAO client number: (if applicable)					

## Section 2: Charges / legal details

Current charges and charge date:

Next court date:

Court location:

Time in court from first appearance:

0-6 months

12-15 months

6-12 months

15 months or more

Current status of the issue (click all that apply):

Accused is adjourned and scheduled to appear in a JICMC.

This case has been in the courts for 12 months or more.

I have not been retained previously on this matter.

I acknowledge that the resulting certificate does not cover trial services

Accused is aware that no change of lawyer will be granted for this service.

## **Section 3: Financial**

Employment - Gross monthly<br/>income:YesNoOW / ODSP:YesNoOther income source:YesYesMonthly income from other<br/>sources:YesNoOwn property?YesNo

If yes, address:

#### Confirmation

Submitting this form does not guarantee coverage under Legal Aid Ontario's (LAO) certificate program. Applicant must meet requisite eligibility criteria. If eligibility can be confirmed through information on this form or through Legal Aid's records, a certificate will be issued. Lawyer assisted applications will be processed in 5-7 business days. If certificate confirmation is not received within that period, please contact your local LAO office.

By submitting this form, I declare that the applicant has verbally consented to have me submit this application on their behalf. I have confirmed that the applicant understands and consents to have the issued certificate sent directly to me; and I confirm the information contained herein is complete, true and accurate to the best of my knowledge.

Name:

Date:

Signature:



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 delivering legal aid services under LASA.

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.

