Lawyer assisted application for adult criminal court proceedings

This form is reserved for use in cases where the applicant is an adult out of custody who is facing criminal charges. This form should not be used for potential Big Case Management (BCM) charges. Incorrect forms and/or forms missing mandatory documents and those that do not meet the criteria in Section 2 will not be processed.

This is an initial application form to be completed by a lawyer on behalf of an applicant to begin the application process. Where the information provided can satisfy eligibility requirements, a certificate will be issued and sent directly to the lawyer.

Where financial eligibility cannot be confirmed or there is no active Consent and Declaration on file with LAO, applicants may be required to call LAO at **416-979-1446** or toll free: **1-800-668-8258** to complete this initial application.

Section 1: Adult information

Name:

Contact:	Out of custody / fixed address:				Unit #:
	Town/City:			Province:	Postal code:
	Phone:				
	Email:				
Date of birth:					
Gender:	Male	Female	Х	Unknown	
Status in Cana	da:				
LAO client num	iber:				

Indigenous self-identification

Do you self-identify as First Nations, Métis, Inuit or other?

If yes: First Nations Status Non-status On Reserve Off Reserve Métis Registered Non-registered Inuit Other

Self-identification of Race

Asian - East (e.g.: Chinese, Japanese, Korean)	Prefer not to answer
Asian - South East (e.g.: Malaysian, Filipino, Vietnamese)	Do not know
Asian - South (e.g.: Indian, Pakistani, Sri Lankan)	Not asked
Black - African (e.g.: Ghanaian, Kenyan, Somali)	Other (please specify)
Black - Caribbean (e.g.: Barbadian, Jamaican)	
Black - North American (e.g.: American, Canadian)	
Indian-Caribbean (Guyanese with origins in India)	
Latin American (e.g.: Argentinian, Chilean, El Salvadorian)	
Middle Eastern or North African (e.g.: Egyptian, Iranian)	
Roma	
White - European (e.g.: English, Italian, Portuguese, Russian)	
White - North American (e.g.: American, Canadian)	
Identifies as Indigenous in self-identifying section above	

No

Yes

Section 2: Legal case details

Has the applicant paid a lawyer any money for this proceeding? Yes No

If yes, \$:

Current charges and date(s) of occurrence:

Next court date:

Court location:

Number of court appearances:

"Similar charges" refer to the same "family" of charges. For example:

- Fail to comply offences include all breaches of court orders
- Assault offences includes all assault-related charges
- Firearms offences includes any firearms charges including simple possession or storage
- Fraud offences include all fraud/ forgery charges
- Impaired offences include all related impaired charges but not other driving charges

Part 1

May be eligible for the certificate program where it is determined that one of the following is present. Based on information contained in the synopsis, please check all those that are present. If none are present, proceed to Part 2.

Convicted of similar charge(s) within the past 2 years and served jail time

Charged with an offence where maximum penalty is 14 years or more

Charged with an offence where there is a minimum jail sentence upon first conviction

Crown is seeking jail after conviction (jail includes conditional sentence order and presentence custody +1 day noted on record)

Charged with an impaired offence and has a conviction for an impaired offence within the past five years

Charged with an impaired offence and has a conviction for an impaired offence more than five years ago and the Crown is relying on a Notice of Increased Penalty

Any sexual assault charge where the complainant is under the age of sixteen

Any firearm charge (excluding storage) charged together with a violent offence

Crown is proceeding by way of indictment on a hybrid charge

Crown is formally applying for a Not Criminally Responsible assessment on the record in court

Detention order after a bail hearing

Facing possession charges under CDSA in amounts in excess of:

- Cocaine powder 28 grams
- Hydrocodone / Hydromorphone / Oxycodone / Oxymorphone 100 pills
- Crack Cocaine 3.5 grams
- Crystal Meth and other methamphetamines 1.0 gram
- Heroin or Fentanyl any amount

Part 2

May be eligible for the certificate program where 2 or more of the following are present. Based on information contained in the synopsis and/or criminal record, please check all those that are present.

One or more criminal convictions (with no jail time) within the past 4 years for similar charge(s)

Currently on probation for similar charge(s)

Similar charge(s) already before the courts

A charge involving allegations of a breach of trust excluding intimate partner violence (IPV) charges

The charge(s) were allegedly motivated by bias, prejudice, or hate based on race, national or ethnic origin, language, colour, religion, sex, age, mental or physical disability, sexual orientation, or gender orientation or expression

Complainant is allegedly a vulnerable person (youth - under 18, elderly person - Over 65, has mental health issues, has developmental disability)

Any firearm charge (including storage)

Alleged use of a weapon that was designed to be used to cause death or injury (e.g.: knife, axe, cross bow)

Damages / unrecovered dollar amount of \$2,000 or more

Section 3: Financial information

Financial information must be provided for the applicant and any spouse/ person responsible.

Family size:

Marital status:	Single	Married	Common-law	Divorced	
	Separated	Widowed			
Spouse - name (first, middle, last):					
Dependants living in the home #:					
Paying support for dependants living outside the home \$ /month					
Funds seized:					
Accommodation:	Renter	Jail	Hor	neowner	
	Paying-boarde	r Non-paying t	ooarder She	lter	
	Hospital	Homeless	You	th at home	
	Other				

Assets:

Property (address, market value, mortgage)

Liquid assets (bank, investments, etc.)

Type:

Current value \$

Income

Income type	Applicant Gross monthly income	Spouse / Person responsible Gross monthly income
Employment	\$	\$
Employment Insurance (EI)	\$	\$
Old Age Security (OAS) / Guaranteed Annual Income System (GAINS)	\$	\$
Ontario Works (OW)*	\$	\$
Ontario Works applied	\$	\$
Ontario Disability Support Program (ODSP)*	\$	\$
Pension	\$	\$
Spousal support	\$	\$
Worker Safety Insurance Board (WSIB)	\$	\$
Self-employed	\$	\$
Other	\$	\$

* Social Assistance (OW/ODSP) Member ID:

Medical expenses:

Type / description:

Monthly amount:

Confirmation

Submitting this form does not guarantee coverage under Legal Aid Ontario's (LAO) certificate program. Applicant must meet requisite eligibility criteria. In cases were information can satisfy eligibility requirements, certificates will be processed and sent directly to counsel (in cases where there is a prior history with the lawyer on file at LAO) via the lawyer portal; otherwise the certificate will be sent to the applicant.

Lawyer assisted applications will be processed in 3-5 business days. If certificate confirmation is not received within that period, please advise the applicant to contact LAO.

- Toronto: 416 979 1446
- Toll free: 1 800 668 8258.

By submitting this form, I declare that the applicant has verbally consented to have me submit this application on their behalf. I confirm the information contained herein is complete, true and accurate to the best of my knowledge. I have confirmed that the applicant understands that in accordance with *Legal Aid Services Act 2020*, Section 13, Legal Aid Ontario may recover the cost of legal aid and consents to have the issued certificate sent directly to me.

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.

