

# Lawyer assisted application form for immigration and refugee proceedings

This form is reserved for applications for the following immigration and refugee law services:

- preparation of a Basis of Claim (BOC) forms
- appeals to the Refugee Appeals Division (RAD)
- applications for Judicial Review in Federal Court

For other immigration and refugee service types, clients must contact LAO. Do not use this form if the applicant is part of a case that is already covered by a legal aid certificate.

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.

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## Applicant information

Name:

Contact:

Mailing address:

Unit #:

Town/City:

Province:

Postal code:

Home address (if different from mailing)

Unit #:

Town/City:

Province:

Postal code:

Phone:

Email:

Date of birth:

Gender:                    Male                    Female                    X                    Unknown

Status in Canada:

Country of origin:

In Canada since:

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## Indigenous self-identification

Do you self-identify as First Nations, Métis, Inuit or other?                    Yes                    No

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

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## 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 - North American (e.g.: American, Canadian)	
Identifies as Indigenous in self-identifying section above	

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## Legal case details

Does the individual have a family member with a Legal Aid Ontario certificate? Yes No

Did the individual arrive with other family members or will have family members arriving in the near future who will be included in the claim? Yes No

If yes, list the names, birthdates and relationship (to the applicant) of the family members:

Name	Date of birth	Relationship (to the applicant)
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Applicant's Country or Origin:

### Immigration and refugee proceeding (choose one only)

Basis of Claim (BOC) form preparation

Is the Basis of Claim form filed? Yes No

Claim type (e.g. gender-based, religious, political opinion, etc.):

Appeal to the Refugee Appeal Division (RAD)

Date of Refugee Protection Division (RPD) decision being appealed:

Judicial Review application in Federal Court

Date of decision being reviewed:

Type of decision being reviewed (select one)

Refugee Protection Division (RPD) decision

Refugee Appeal Division (RAD) decision

Humanitarian and Compassionate (H&C) decision

Refusal to defer removal from the Canada Border Services Agency (CBSA)

Pre-Removal Risk Assessment (PRRA)

Other immigration or refugee matter (please specify)

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## Financial information

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

If yes, what amount? \$

**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.

**Accommodation:**

Renter	Jail	Homeowner
Paying-boarder	Non-paying boarder	Shelter
Homeless	Youth at home	Hospital
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)	\$	\$
Canada Pension Plan (CPP)	\$	\$
Child tax	\$	\$
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:

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## Confirmation

Submitting this form does not guarantee coverage under Legal Aid Ontario's (LAO) certificate program. Applicant must meet requisite eligibility criteria. In cases where information can satisfy eligibility requirements, certificates will be processed and sent directly to counsel. 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:

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



**LEGAL AID ONTARIO**  
**AIDE JURIDIQUE ONTARIO**