Lawyer assisted application for youth criminal court proceedings

This form is reserved for use in cases where the applicant is a youth 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 will not be processed. This form can be used to quickly elicit a refusal so that the applicant can seek counsel coverage under s. 25(4) of the YCJA.

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: Youth information

Section 1:	Youth Inform	iation			
Name:					
Contact:	Out of custody / fixed address:				Unit #:
	Town/City:			Province:	Postal code:
	Phone:				
	Email:				
Date of birth:					
Gender:	Male	Female	Χ	Unknown	
Status in Cana	da:				
LAO client num	ıber:				

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

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

Ver: 2022-01

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

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:

Is this form being used to elicit a refusal so that the applicant can seek counsel coverage under s. 25(4) of the YCJA?

Yes

No

Mandatory documents required:

- A copy of the synopsis mandatory for all submissions
- A copy of the criminal record mandatory only for clients who have not received a criminal certificate within the last 2 years.

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. In none are present, proceed to Part 2.

Crown is seeking custody and supervision order, deferred custody and supervision order, or custody counsel coverage under s. 25(4) of the YCJA

Crown is seeking an NCR assessment officially

Facing a charge where the adult penalty is 14 years or more

Facing a charge where there is a mandatory jail sentence

Detained after a bail hearing

Convicted of a similar charge within past two years with jail time

Crown is proceeding by way on indictment

Youth is Indigenous

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 two (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.

Same / similar charges refer to "same family of charges". For example:

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

One or more findings of guilt in past 3 years for same/similar charge

Currently on a sentence order for same of similar charge

Same / similar charges already before the courts

Alleged to commit an offence involving a breach of trust excluding domestic violence charges (e.g.: Theft from employer)

Alleged 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 could be used to cause death or serious injusry (e.g.: knife, axe, cross bow)

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

Youth is alleged to be a participant in a "swarming" or group robbery / home invasion

Crown has requested a s. 34 order (Mental Health Assessment)

Youth is a child in care (e.g.: CAS)

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.

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	Spouse / Person responsible
	Gross monthly income	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	enses:	xpe	lical	Med
------------------	--------	-----	-------	-----

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.

