

# Lawyer Change of Information Form

Use this form if you are changing information only. Fill in only the information that you are changing.

Leave the other sections blank.

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## Current information

Lawyer Name:

Legal Aid Solicitor #:

LSO Solicitor #:

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## Change in lawyer information

Lawyer Name:

Contact:

Address:

Unit #:

Town/City:

Province:

Postal code:

Phone:

Email:

Fax:

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## Change in general information

Preferred language of communication: English French

I am able to provide court/board representation in French: Yes No

I am able to converse and take clients' instructions in the following languages other than English:

I certify that the information included in this form is complete, true, and accurate

Name:

Date:

Signature:

Please submit the completed form to the Legal Aid Ontario finance department

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



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