

LAWYER COURT APPLICATION FOR IN-CUSTODY ACCUSED



Same day in court certificate eligibility assessment for in custody accused persons where counsel is in attendance and prepared to proceed in a meaningful way.

1. CLIENT INFORMATION

Counsel should ask the client the following:

Name:

(first / middle / last name)

Contact
information:

Address:

City:

Province:

Postal code:

Phone:

Email:

OR institution name and unit number (if known):

Date of birth:

(YYYY-MM-DD)

Marital status:

If you have a spouse or common law spouse, provide:

Name:

Address:

Phone:

ABORIGINAL SELF-IDENTIFICATION

Do you self-identify as First Nations, Métis, Inuit or other?	First Nations	If First Nations: Status	Non-status
		On Reserve	Off Reserve
	Métis	If Métis: Registered	Non-registered
	Inuit		
	Not asked	If not asked: Client not present/3rd part application Mental health crisis/unable to ascertain Other	
	Prefer not to answer		

SELF-IDENTIFICATION OF RACE

Do you identify as:

Asian - East (eg. Chinese, Japanese, Korean)	Middle Eastern or North African (eg. Egyptian, Iranian, Lebanese)
Asian - South East (eg. Malaysian, Filipino, Vietnamese)	Roma/Romani
Asian - South (eg. Indian, Pakistani, Sri Lankan)	White - European (eg. English, Italian, Portuguese, Russian)
Black - African (eg. Ghanaian, Kenyan, Somali)	White - North American (eg. Canadian, American)
Black - Caribbean (eg. Barbadian, Jamaican)	Other(s)
Black - North American (eg. Canadian, American)	Identified in ASIQ and no additional race identified)
Indian - Caribbean (eg. Guyanese with origins in India)	Do not know
Latin American (eg. Argentinian, Chilean, El Salvadorian)	Prefer not to answer

FINANCIAL

Your annual income (gross):

Have funds been seized? Yes No If yes, how much?

Are you on Ontario Works (OW): Yes No Are you on ODSP: Yes No

What is your income source?

Any other income?

What is your spouse/common
law income source?

DO YOU AND/OR SPOUSE HAVE ANY OF THE FOLLOWING?

Bank accounts: Yes No Balance:

Bank location:

Assets: Yes No Details:

Property: Yes No Purchase date:

Property equity:

Property address(es):

2. LEGAL MATTER

To be completed by counsel:

Charges:

Please describe the meaningful event proceeding today (plea, sentence, bail hearing, other):

Date of arrest:

(YYYY-MM-DD)

Date of
occurrence:

(YYYY-MM-DD)

Bail status:

Crowns position for plea:

DC assessment: Legal eligibility met and DC advises minimum of 1 day of jail likely upon conviction

Yes

No

Request for certificate:

Pre-bail

Post-bail

Court/location:

Number of court appearances (including today):

Outcome of appearance:

In custody

Out of custody

If in custody, which institution?

MENTAL HEALTH CLIENT APPLICATION

Is the application for someone with a mental health issue? Yes No

If yes, please describe the issue (if possible):

3. LAWYER OF CHOICE

Name:

(first / middle / last name)

LAO solicitor #:

Phone:

Email:

Private retainer? Yes No

Total retainer received:

Is there an outstanding certificate for this accused on another matter? Yes* No

* certificate will not be issued for this charge unless counsel is aware of new charge and charges will proceed separately.

4. MLS/DESIGNATE

For office use only:

MLS/ designate receiving application:

Based on the information, counsel advises:

Eligible for a certificate

Not eligible for a certificate

Requires more financial information to determine eligibility

5. CLIENT CONSENT TO INSPECT DOCUMENTS AND RECORDS

In consideration of my application(s) for legal aid services from Legal Aid Ontario (“LAO”),

I, _____ consent and acknowledge as follows:

CONSENT TO INSPECT DOCUMENTS AND RECORDS

1. LAO may examine information and records held by any person or institution that relate to any bank account(s), safety deposit box(s); stocks and bonds certificates; RRSPs; RESPs; insurance policies or any other assets that I own alone or jointly with other persons.
2. LAO may obtain information from my Ontario Disability or Ontario Works Assistance records, Revenue Canada records, or from the records of any other federal, provincial or municipal government agency.
3. This consent applies to my current and any subsequent applications for legal aid services
4. LAO may make other inquiries to verify the information I have provided in relation to my current or any subsequent application for legal aid services.
5. I agree to help Legal Aid Ontario to get information from any third party which has relevant documents about my income, expenses and/or assets. I agree to sign any necessary authorizations for its release.

DECLARATION OF MY DUTIES AND RESPONSIBILITIES TO LAO

1. I am the applicant for legal aid and I have duties and responsibilities to LAO.
2. It is a serious matter to give false information on this or any subsequent application for legal aid services.
3. I understand that I must tell Legal Aid of any changes in my financial situation, including changes in my income, assets, residence or family size within 7 days of any change.
4. If I give false information now or in relation to any subsequent application or if I fail to advise LAO of any change in my financial situation, then I understand that LAO can cancel my certificate, take action to recover money paid or payable by LAO on my behalf, and/or prosecute me.

CHANGE OF LAWYER DECLARATION

1. I acknowledge that when I applied for legal aid I was advised of LAO’s change of lawyer policy and I was advised to choose my lawyer carefully.
2. I acknowledge that if I want to change lawyers I will first seek the approval of LAO.
3. I have been told and I understand that LAO **rarely** allows clients to change lawyers.
4. I understand that failing to follow LAO’s change of lawyer policy can result in my loss of legal aid services.

CONSENT AND LIMITED PRIVACY WAIVER

LAO needs to confirm with lawyers the services being provided to clients. By signing below, I agree and acknowledge:

1. This consent and waiver is a condition of my receiving legal aid services.
2. I will co-operate with LAO in LAO's inquiries.
3. I consent to LAO obtaining information about my public or non-public court proceedings to verify the accuracy of my lawyer's billings, for example to confirm attendance at a court proceeding.
4. I authorize my lawyer to discuss with LAO any issues related to my legally-aided services, and to release information to LAO. I authorize LAO to discuss my legally-aided services with my lawyer and third parties from whom LAO obtains my information.
5. I understand LAO and the Law Society of Ontario both have an obligation to protect clients. I understand LAO may share confidential information I provide about my lawyer's conduct with the Law Society of Ontario for this purpose and consent to LAO doing so where my lawyer may have engaged in serious professional misconduct. My consent to this disclosure is for the limited purpose of LAO reporting the conduct to the Law Society of Ontario and does not otherwise abrogate or constitute a waiver of privilege.

Signature:

Date:

(YYYY-MM-DD)

Personal information in this form is collected under the authority of section 84 of the *Legal Aid Services Act* and is used in the general administration of the payment of lawyers accounts including: case management, application of block fees and tariff, discretion, reviews, disbursement authorization, expedite requests, late billing, hard cap, and recoveries; and, is used in the panel management of lawyers including investigations, panel suspension, and panel removal. Questions about this collection should be directed to the FIPPA coordinator, 40 Dundas Street West, Suite 200, Toronto, ON, M5G 2H1, 416-979-1446 or 1-800-668-8258.

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