

Request for Authorization – Ontario Review Board (ORB) Certificate Services

Minimum experience requirements are available on [LAO's website](#).

Lawyer information

Name:

Contact:

Address:

Unit #:

Town/City:

Province:

Postal code:

Phone:

Email:

Roster #:

LSO #:

I am authorized to provide legal aid services under LAO's Criminal General roster and/or LAO's Health Law - Consent and Capacity Board roster.

Note: Authorization to provide Criminal General or Health Law/Consent and Capacity Board legal aid services is required prior to authorization to provide ORB services

Minimum related experience

I meet Legal Aid Ontario's minimum experience requirements as set out in the Schedule to the Roster Rules made under the *Legal Aid Services Act, 2020*.

I do not meet LAO's minimum experience requirements and am requesting Conditional Authorization as set out in the Schedule to the Roster Management Rule made under the *Legal Aid Services Act, 2020* ("Conditional Authorization Process").

I understand that if I am admitted in accordance with the Conditional Authorization Process I must meet the minimum experience requirements within 24 months of admission.

I understand that I must advise LAO on or before the 24-month conditional period expires whether or not I have met the minimum experience requirements.

I understand that if I do not advise LAO that I have met the minimum experience requirements, or do not request an extension as set out in the Conditional Authorization Process, I will have my ORB certificate authorization removed.

Mandatory professional development

I shall complete a minimum of 3 hours of continuing legal education or the relevant equivalency in mental health law on an annual basis.

Additional requirements

I affirm that I have read and understood the minimum experience requirements, the Roster rules and schedules, and the *Legal Aid Services Act, 2020*.

I affirm that the information contained herein is complete, true and accurate.

I understand that submitting false or misleading information will void my authorization and may result in the removal of my name from the Legal Aid Roster.

I have read, understood, and agree to comply on an ongoing basis with the: *Material for review by roster members authorized to provide legal aid services in ORB matters* published on the [Corporation's website](#).

Signature:

Date:

Office use: Approval for Ontario Review Board Certificate Authorization

Approval signature:

Date:

Please submit completed form to the Legal Aid Ontario District Office in your district.

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Personal information submitted on this page is collected under the authority of the Legal Aid Services Act, 2020 and will be used for the purpose of processing your application with Legal Aid Ontario.

Questions about this collection should be directed to the Privacy and Information Management Coordinator at fippa@lao.on.ca or 1-800-668-8258.



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