

**Sub-  
Authorization**

**Legal Aid Ontario**

**Request for Sub-Authorization letter**

You have chosen an area of law which may require special training and/or qualifications. Please complete this form outlining any training and experience you have in this area of law.

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**Consent**

By selecting this box I affirm that I have read and understood the minimum standards requirements and that the information contained herein is complete, true and accurate.

Signature

Date:

Please submit the completed form to the Legal Aid Ontario District Office in your district, ATTN: Director General and/or designate

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 payment of accounts, investigations, and the administration of 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.