

Pre-approved mentor payment report form

Please submit your application form by email to secondchair@lao.on.ca only.

Year of call:

Pre-approved mentor's name:

Pre-approved hours:

Valid until:

Hours reported to date:

Balance remaining

Reporting period:

From:

To:

Report details #1

Issue certificate to:

Original certificate #:

Role:

Mentor

First date of service

Mentee

Type of case: (select all that apply)

Civil

Family

Mental health

Criminal

Immigration

Refugee

Other (please specify)

Number of hours:

Report details #2

Issue certificate to:

Original certificate #:

Role: Mentor

First date of service

Mentee

Type of case: (select all that apply)

Civil

Family

Mental health

Criminal

Immigration

Refugee

Other (please specify)

Number of hours:

Report details #3

Issue certificate to:

Original certificate #:

Role: Mentor

First date of service

Mentee

Type of case: (select all that apply)

Civil

Family

Mental health

Criminal

Immigration

Refugee

Other (please specify)

Number of hours:

Report details #4

Issue certificate to:

Original certificate #:

Role: Mentor

First date of service

Mentee

Type of case: (select all that apply)

Civil

Family

Mental health

Criminal

Immigration

Refugee

Other (please specify)

Number of hours:

Report details #5

Issue certificate to:

Original certificate #:

Role: Mentor

First date of service

Mentee

Type of case: (select all that apply)

Civil

Family

Mental health

Criminal

Immigration

Refugee

Other (please specify)

Number of hours:

Report details #6

Issue certificate to:

Original certificate #:

Role: Mentor

First date of service

Mentee

Type of case: (select all that apply)

Civil

Family

Mental health

Criminal

Immigration

Refugee

Other (please specify)

Number of hours:

Total number of hours for this report:

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

Name:

Date:

Signature:

Submit the completed form to Legal Aid Ontario via secondchair@lao.on.ca.

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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 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 or 1-800-668-8258.



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