

# Request for Sub-Authorizations

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

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## Lawyer information

Name:

Roster #:

LSO #:

Contact:

Address:

Unit #:

Town/City:

Province:

Postal code:

Phone:

Email:

## SUB-AUTHORIZATIONS

I am requesting the following sub-authorizations for legal aid work:

### **Administrative Tribunals**

### **Civil Litigation**

Special training and / or qualifications may be required for sub-authorization approval. Please submit a letter and curriculum vitae outlining your training and experience in the area of law for which you are requesting authorization.

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**Signature:**

- I affirm that I have read, understood and agree to the minimum experience requirements and the Roster rules and schedules.
- I affirm that the information contained herein is complete, true and accurate.
- I understand the submitting false or misleading information will void my authorization and may result in the removal of my name from the Legal Aid Roster.

Signature:

Date:

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**Office use: Approval for Sub-Authorization Certificate Services**

Signature:

Date:

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



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