

# Mentorship Acknowledgment - MENTEE

Mentee Lawyer:

Roster Number:

Mentor Lawyer:

Roster Number:

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## Mentorship requirement

In accordance with the Legal Aid Services Rules (Rule 27(5)(a)), Legal Aid Ontario (“**LAO**”) is imposing a mentorship requirement on the following of your roster membership authorizations:

## Areas of law for mentorship

Certificate (Please select all that apply):

Criminal	ESM	Gladue	ORB	CCB
Family	Child Protection	Refugee – General	Refugee - Appellate	

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## Mentorship conditions

The mentorship condition will be in effect for a period of \_\_\_\_\_ months, commencing on \_\_\_\_\_. This condition may be extended at LAO’s discretion.

I, \_\_\_\_\_ as Mentee, acknowledge and commit to the following responsibilities during the mentorship period:

### 1. Regular Meetings and Consultations:

I will meet with the Mentor on a quarterly basis (or more frequently if required) to consult on one or more of the following topics:

- The provision of legal aid services;
- The provision of effective, high-quality, and client-focused legal aid services to vulnerable clients;
- Case strategy, legal theory, and practical aspects, with an emphasis on local legal resources and practices within the courthouses and jurisdictions where I practice regularly;
- LAO certificate management and related obligations;

- LAO billing; and/or
- Other relevant areas of consultation:

## **2. Case Strategy Consultation:**

I will consult with the Mentor to discuss case strategy and best practices regarding my first 3 acknowledged LAO certificates.

## **3. Confidentiality:**

I will maintain strict client confidentiality in all discussions with the Mentor, in compliance with LAO policies.

## **4. Independent Judgment:**

I will independently evaluate and satisfy myself regarding the soundness of any suggestions, recommendations, or advice provided by the Mentor.

## **5. Notification of Mentor Availability:**

I will notify LAO no later than two weeks after being informed by the Mentor that they are unable to continue with the mentorship.

## **6. Alternative Mentor:**

If directed by LAO, I will seek another mentor, subject to LAO's approval.

By signing below, I confirm that I have read, understand, and agree to all of the above requirements for obtaining mentorship. I understand that LAO has absolute discretion in determining whether the individual I propose as a Mentor is acceptable and approved by LAO.

Mentee Name:

Mentee Signature:

Date:

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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 delivering legal aid services under LASA.

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.



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