

Request for discretion - General

	Account date:		Date of request:	
		[YYYY-MM-DD]		[YYYY-MM-DD]
1. Requestor info	rmation			
Name:				
Solicitor #				
Phone #:		Fax #:		
Email:				
2. Client informati	on			
Client name:				
Certificate #				
Name of co-accused/ other parties:				
3. Request details	S			
Request type:	 New discretion request Retroactive discretion red If this is a retroactive discretion account number below. Significant document submission or LAO account #: 	cretion request for an Submit the request us		
Authorizations:	Have you sought all necess	ary district office auth	norizations? Y	es No
	(if no, please do so before s	submitting any accou	nts by contacting ye	our district office)

exceptional cases . Should your account exceed the tariff maximum and you wish Legal Aid Ontario to consider paying the account as billed with discretion, please explain the exceptional, factual and legal circumstances of your case based on the following factors:
Results obtained:
Complexities:
Other regulatory factors:
■ Contributions of the applicant or other contributors
Amount of time realistically set aside in anticipation of a lengthy trial of hearing which time was not otherwise filled by the lawyer
Relevant factors:

The Legal Aid Tariff reflects the fees customarily paid by a reasonable privately paying client of modest means. These fees apply for all legal aid services, except in

Circumstances:

Please provide case details and the factual circumstances that support the specific factors for discretion selected in the section above. Attach any attach relevant documents to support your discretion request.
Note: if the certificate authorized an opinion letter, please attach.
5. District Area Director exception request
Are there other discretion factors not articulated in the above criteria? Yes No
If yes, provide details below:
Note: This request is to be used rarely and only in circumstances when counsel can clearly demonstrate that the exceptional circumstances test has been met.
For more information on Discretion Request, see Chapter Two of the Tariff & Billing Handbook.
For assistance in completing this form, please contact the Lawyer Service Centre at 1-966-979-9934 (toll-free)
Please attach the completed form to your online account.
Personal information in this form is collected under the authority of section 84 of the <i>Legal Aid Services Act</i> and is used in the general administration of the payment of lawyers accounts including: case management, application of block fees and tariff, discretion, reviews, disbursement authorization, expedite requests, late billing, hard cap, and recoveries; and, is used in the panel management of lawyers including investigations, panel suspension, and panel removal. Questions about this collection should be directed to the FIPPA coordinator, 40 Dundas Street West, Suite 200, Toronto, ON, M5G 2H1, 416-979-1446 or 1-800-668-8258.

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4. Case details

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Print form