

Request for Resignation

Instructions

If you wish to be removed from the Roster, or to remove certain authorizations to provide Legal Aid Services in a specified area of law, please complete this form and submit it to your local District Area Office.

Lawyer information

Name:

LSO Solicitor #:

LAO Vendor #:

Contact:

Address:

Unit #:

Town/City:

Province:

Postal code:

Phone:

Email:

Request for removal from roster

I am requesting removal from the roster and will no longer provide legal aid services in any area of law.

Request for removal of specified authorizations

I am requesting removal of specified authorizations but will continue providing legal aid services in other areas of law.

- Please indicate the area of law authorizations you wish to remove below

I hereby request removal of my authorization to provide legal aid services in the following areas of law. **Please select all the areas of law you would like to be removed from.**

Certificate services

Criminal	Family	Refugee	Gladue
Extremely Serious Criminal Matters		Child Protection (CFSA)	
Consent and Capacity Board		Complex Case Rate (CCR)	

Duty Counsel

Criminal	Family	Advice - general	Advice - Family Violence
Advice - Refugee and Immigration		Advice - Correction Institutions	
Advice - Mental Health			

Other areas of law

Ontario Review Board	O'Connor-Mills*		
Civil Litigation / Personal Injury	Administrative Tribunals	Collaborative Family Law*	

I have read and understood my obligations under the Legal Aid Services Act, 2020 and Rules including that:

- I may be directed to complete certain work before I am permitted to resign;
- I am required to assist successor counsel, if applicable in minimizing disruptions for my clients;
- I am required to deliver a copy of any files to my clients;
- I am required to submit any accounts in accordance with the Legal Aid Services Act, 2020 and Rules;
- If I do not comply, LAO may withhold payment on any outstanding accounts and may report the non-compliance to the Law Society of Ontario

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

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

Signature

Date:

Director General and/or
designate

Date:

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

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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.



LEGAL AID ONTARIO
AIDE JURIDIQUE ONTARIO