

LAWYER COURT APPLICATION FOR IN-CUSTODY ACCUSED



Same day in court certificate eligibility assessment for in custody accused persons where counsel is in attendance and prepared to proceed in a meaningful way.

1. CLIENT INFORMATION

Counsel should ask the client the following:

Name:

(first / middle / last name)

Contact
information:

Address:

City:

Province:

Postal code:

Phone:

Email:

OR institution name and unit number (if known):

Date of birth:

(YYYY-MM-DD)

Marital status:

If you have a spouse or common law spouse, provide:

Name:

Address:

Phone:

ABORIGINAL SELF-IDENTIFICATION

Do you self-identify as First Nations, Métis, Inuit or other?

First Nations

If First Nations:

Status

Non-status

On Reserve

Off Reserve

Métis

If Métis:

Registered

Non-registered

Inuit

Not asked

If not asked:

Client not present/3rd part application

Mental health crisis/unable to ascertain

Other

Prefer not to answer

SELF-IDENTIFICATION OF RACE

Do you identify as:

Asian - East (eg. Chinese, Japanese, Korean)

Asian - South East (eg. Malaysian, Filipino, Vietnamese)

Asian - South (eg. Indian, Pakistani, Sri Lankan)

Black - African (eg. Ghanaian, Kenyan, Somali)

Black - Caribbean (eg. Barbadian, Jamaican)

Black - North American (eg. Canadian, American)

Indian - Caribbean (eg. Guyanese with origins in India)

Latin American (eg. Argentinian, Chilean, El Salvadorian)

Middle Eastern or North African (eg. Egyptian, Iranian, Lebanese)

Roma/Romani

White - European (eg. English, Italian, Portuguese, Russian)

White - North American (eg. Canadian, American)

Other(s)

Identified in ASIQ and no additional race identified)

Do not know

Prefer not to answer

FINANCIAL

Your annual income (gross):

Have funds been seized? Yes No If yes, how much?

Are you on Ontario Works (OW): Yes No Are you on ODSP: Yes No

What is your income source?

Any other income?

What is your spouse/common
law income source?

DO YOU AND/OR SPOUSE HAVE ANY OF THE FOLLOWING?

Bank accounts: Yes No Balance:

Bank location:

Assets: Yes No Details:

Property: Yes No Purchase date:

Property equity:

Property address(es):

2. LEGAL MATTER

To be completed by counsel:

Charges:

Please describe the meaningful event proceeding today (plea, sentence, bail hearing, other):

Date of arrest:

(YYYY-MM-DD)

Date of
occurrence:

(YYYY-MM-DD)

Bail status:

Crowns position for plea:

DC assessment: Legal eligibility met and DC advises minimum of 1 day of jail likely upon conviction

Yes

No

Request for certificate:

Pre-bail

Post-bail

Court/location:

Number of court appearances (including today):

Outcome of appearance:

In custody

Out of custody

If in custody, which institution?

MENTAL HEALTH CLIENT APPLICATION

Is the application for someone with a mental health issue? Yes No

If yes, please describe the issue (if possible):

3. LAWYER OF CHOICE

Name:

(first / middle / last name)

LAO solicitor #:

Phone:

Email:

Private retainer? Yes

No

Total retainer received:

Is there an outstanding certificate for this accused on another matter? Yes* No

* certificate will not be issued for this charge unless counsel is aware of new charge and charges will proceed separately.

4. MLS/DESIGNATE

For office use only:

MLS/ designate receiving application:

Based on the information, counsel advises:

Eligible for a certificate

Not eligible for a certificate

Requires more financial information to determine eligibility

5. CONFIRMATION AND DECLARATION OF THE CLIENT

I _____ authorize
(lawyer's name) to be my
lawyer for the purpose of my Legal Aid Certificate.

If eligibility for legal aid can be confirmed through this form and/or Legal Aid's records, a certificate will be issued. I understand that completing this form does not guarantee a certificate.

I acknowledge that I may not change lawyers without first getting approval from Legal Aid. I understand that Legal Aid rarely allows a change of lawyers.

I acknowledge that it is a serious matter to make a false statement on an application for legal aid and, if I do, Legal Aid may cancel my certificate, take action to recover money paid or payable to my lawyer, and/or prosecute me. I declare that the information provided is true, correct and complete.

Signature:

Date:

(YYYY-MM-DD)

6. CLIENT CONSENT TO INSPECT DOCUMENTS AND RECORDS

I _____ agree that Legal Aid Ontario
may:

- Examine information and records held by any person or institution that relate to any bank accounts, safety deposit boxes, stocks, RRSPs, RESPs, insurance policies or any other assets that I own alone or jointly;
- Get information from my Ontario Disability or Ontario Works Assistance records, Revenue Canada records, or from the records of any other federal, provincial or municipal government agency; and
- Make other inquiries to verify the information I gave when I applied for Legal Aid

Signature:

Date:

(YYYY-MM-DD)

Personal information in this form is collected under the authority of section 84 of the *Legal Aid Services Act* 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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