

# Second Chair program pre-approved mentor payment report

## Instructions

Please submit your payment report form by email to [secondchair@lao.on.ca](mailto:secondchair@lao.on.ca).

Date of report:

(YYYY-MM-DD)

Pre-approved mentor's name:

Pre-approved hours:

Valid until:

Hours reported to date:

Balance remaining:

Reporting period:

From:

(YYYY-MM-DD)

To:

(YYYY-MM-DD)

## Report details #1

Issue certificate to:

Original certificate #:

First date of service:

(YYYY-MM-DD)

Role:

Mentor

Mentee

Type of case:

Civil

Criminal

Family

Immigration

Mental health

Refugee

# of hours:

## Report details #2

Issue certificate to:

Original certificate #:

First date of service:

(YYYY-MM-DD)

Role:

Mentor

Mentee

Type of case:

Civil

Criminal

Family

Immigration

Mental health

Refugee

# of hours:

### Report details #3

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Issue certificate to:

Original certificate #:

First date of service:

(YYYY-MM-DD)

Role: Mentor

Mentee

Type of case:

Civil

Criminal

Family

Immigration

Mental health

Refugee

# of hours:

### Report details #4

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Issue certificate to:

Original certificate #:

First date of service:

(YYYY-MM-DD)

Role: Mentor

Mentee

Type of case:

Civil

Criminal

Family

Immigration

Mental health

Refugee

# of hours:

### Report details #5

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Issue certificate to:

Original certificate #:

First date of service:

(YYYY-MM-DD)

Role: Mentor

Mentee

Type of case:

Civil

Criminal

Family

Immigration

Mental health

Refugee

# of hours:

**Total number of hours for this report:**

Submit form

Save form

Print form

Reset form

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