

# LAWYER REFERRAL SERVICE APPLICATION FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Firm \_\_\_\_\_ Fax # \_\_\_\_\_  
 Address \_\_\_\_\_  
 e-mail \_\_\_\_\_  
 City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Language(s) \_\_\_\_\_ Year of Call \_\_\_\_\_  
 Can you communicate in American Sign Language (ASL) \_\_\_\_\_

### Subject Preferences

(Select no more than 3, and mark 1st, 2nd and 3rd preference)

|                                     |                              |
|-------------------------------------|------------------------------|
| Aboriginal Law _____                | Human Rights _____           |
| Administrative _____                | Immigration _____            |
| Agriculture _____                   | Insurance _____              |
| Autopac _____                       | Intellectual Property _____  |
| Aviation _____                      | Labour _____                 |
| Bankruptcy/Creditors Rights _____   | Landlord & Tenant _____      |
| Child Protection* _____             | Medical Malpractice _____    |
| Civil Court Actions* _____          | Military _____               |
| Commercial/Corporate _____          | Municipal _____              |
| Condominium _____                   | Real Estate _____            |
| Consumer Protection _____           | Securities _____             |
| Corporate law/Non-Profits _____     | Sexual Harassment _____      |
| Criminal* _____                     | Taxation _____               |
| Employment-Wrongful Dismissal _____ | Unemployment Insurance _____ |
| Entertainment _____                 | Welfare _____                |
| Environmental _____                 | Wills/Estates/Trusts _____   |
| Expropriation _____                 | Workers Compensation _____   |
| Family* _____                       | Youth Court _____            |
| Franchise _____                     |                              |

Other (please specify) \_\_\_\_\_

\* Must have been in practice for at least one year in order to register

I have had the following experience in the above areas of law within the last 5 years:

Preference 1: 1-10 cases \_\_\_\_\_ 11-30 cases \_\_\_\_\_ over 30 cases \_\_\_\_\_  
 Preference 2: 1-10 cases \_\_\_\_\_ 11-30 cases \_\_\_\_\_ over 30 cases \_\_\_\_\_  
 Preference 3: 1-10 cases \_\_\_\_\_ 11-30 cases \_\_\_\_\_ over 30 cases \_\_\_\_\_

(Please continue on Page 2)

### CASE EXPERIENCE & OTHER UNIQUE CASE EXPERIENCE

Please provide information about your experience in the areas of law chosen on the preceding page.

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Please indicate any other unique case experience or specific area of practice you would like the LRS to know about: (for example: Charter experience; cases which set precedent or changed the law; representation of class action product liability actions; cases involving limitation periods in civil sexual abuse cases; etc)

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CHECK ONE:

I will accept referral clients who are “shut-in” due to ill health, disability or old age, and agree to attend, if necessary, at their residence or hospital.

I will not accept referral clients who are “shut-in”.

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CHECK ONE:

I am on Legal Aid’s panel list and agree to accept referral clients who may ultimately qualify for Legal Aid.

I am not prepared to accept referral clients who qualify for Legal Aid.

I am prepared to take Legal Aid cases on a reduced tariff.

I am not prepared to take Legal Aid cases on a reduced tariff.

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CHECK ONE:

I am prepared to take cases on a contingency fee basis.

I am not prepared to take cases on a contingency fee basis

(Please continue on page 3)

UNDERTAKINGS:

• I agree to participate in the Lawyer Referral Service. Provided there is no conflict of interest, and it is not otherwise improper, I will personally provide an initial one-half hour consultation to anyone referred to me requiring legal assistance in the branches of law I have indicated on the preceding page.

• In the event of a conflict of interest, or other reason which would prevent me from personally providing the initial half-hour consultation, I agree to refer the client back to the Lawyer Referral Service for a substitute referral.

- I agree to provide the initial half-hour consultation for no fee. I understand that if additional services are required, the client is free to seek my assistance on my usual basis of legal charges.
- I agree to return Lawyer Referral evaluation forms promptly.
- I certify that I am not required to pay a surcharge on my insurance premium of 100% or more (representing 3 paid claims in the previous 5 years).
- I agree to notify the Lawyer Referral Service immediately should I become ineligible or unable to accept referrals.
- I agree to notify the Lawyer Referral Service immediately of any change of address, choice of category or other information contained in this application form.
- I certify that all information contained in this application form is correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_