

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)

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

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.

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)

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”.

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.

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)

- 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 will undertake to advise the Lawyer Referral Service and not to take referrals while I am under criminal investigation or investigation or suspension by the Law Society of Manitoba or any other law society.
- 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 understand that my name may be removed from the Lawyer Referral Service if complaints received are validated by the Lawyer Referral Service.
- I certify that all information contained in this application form is correct.

Date: _____ **Signature:** _____

**Please return your application to: Community Legal Education Association
301 – 441 Main Street
Winnipeg, MB R3B 1B4**

Or Fax: 204-943-3600

Or scan and email to info@communitylegal.mb.ca