

# 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) _____	

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)**

- 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:** \_\_\_\_\_