

WHAT YOU NEED TO KNOW BEFORE GETTING STARTED:

DEADLINES

Processing your application may take at least **two weeks**. Furthermore, Pro Bono Québec must receive your application and any other relevant information **at least eight weeks before the date of any hearing or deadline related to your file.**

DECISION

If your application is turned down, Pro Bono Québec is not obligated to justify its decision. To reach a decision, Pro Bono Québec may ask you to provide additional information and documents, in particular regarding your financial situation. A request for additional information does not mean that your application has been accepted. You will be notified in writing of the decision.

FEES

The legal services provided by the lawyer referred to you by Pro Bono Québec are free. However, you must pay Pro Bono Québec a **\$20 non-refundable fee** for processing your application and pay all other costs related to your file (e.g., “court stamps”, experts’ fees, bailiff, etc.).

YOUR RESPONSIBILITIES

Until you sign an agreement for professional services (mandate) with a lawyer referred to you by Pro Bono Québec, you must take steps to **protect your rights**. These steps include responding to any requests by a court, meeting any court deadlines and doing whatever is necessary to ensure your rights are not lost due to the passage of time (prescription). If your application is accepted, you must give instructions to the lawyer to ensure their inclusion in the professional services agreement.

NATURE OF THE SERVICES RENDERED

Pro Bono Québec **does not provide any legal advice and no solicitor-client relationship will exist between you and Pro Bono Québec**. If your application is accepted, you will have a solicitor-client relationship with a lawyer referred by Pro Bono Québec and not with Pro Bono Québec itself.

DOCUMENTS

Pro Bono Québec will be keeping all copies included in your file. **Please keep all original copies as we will not be returning any documents.**

FILL OUT ALL SECTIONS. SUBMITTING AN INCOMPLETE FORM MAY DELAY OR EVEN PREVENT THE PROCESSING OF YOUR APPLICATION.

1. NAME AND CONTACT INFORMATION

A Name (block letters): _____

Main activities: _____

Address: _____

City/Province : _____ Postal code: _____

Telephone number: _____ Fax: _____

E-mail: _____

Website : _____

B Person filing the application on behalf of the organization

Name (block letters): _____

Title: _____

Personal address: _____

City/Province: _____ Postal code: _____

Telephone number: _____ Fax: _____

E-mail: _____

2. DESCRIPTION OF THE ORGANIZATION

A Mission of the organization : _____

B Services and activities : _____

C Territory served : _____

D Number of persons served per year (approximately) : _____

E Number of employees of the organization : _____

3. SERVICES REQUIRED

Indicate why you need the services of a lawyer referred by Pro Bono Québec:

- Legal advice : incorporation, governance, registration, constating documents, bylaws, etc.
- Litigious case / Representation before the courts (see section 4)
- Mediation
- Other (please specify) : _____

4. ELIGIBILITY FOR LEGAL AID

Not-for-profit organization that have a litigious case or that require representation before the courts must undergo an evaluation of their eligibility for legal aid. Not-for-profit organizations eligible for legal aid do not qualify for the services of a lawyer referred by Pro Bono Québec.

To find out if the organization or association is eligible for legal aid, contact a Legal Aid Office or Community Legal Centre in your area or consult the website of the Commission des services juridiques (www.csj.qc.ca).

Choose the box that applies:

- The members of the organization are not eligible for legal aid.
- The request for legal aid by the organization was refused.*
- Legal aid was withdrawn from organization.*
- No lawyer wants to take care of the legal aid retainer.

*If you chose the second or third box, **you must provide a copy refusal or withdrawal of legal aid.** (See Section 13)

If you chose the last box, please **provide us with a complete list of the lawyers you have contacted. (See Section 13)

5. STATUS OF YOUR FILE

Is your file already before a court or tribunal?

- Yes (Fill out the section below)
- No (Go to Section 6)

Name of the court or tribunal: _____

Court or tribunal case number: _____

District: _____

Names of all the parties (including the organization)

Plaintiff / Petitioners	Defendants / Respondents / Impleaded Parties
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Date and time of the hearing, if known Date: DD / MM / YYYY Time: _____

Number of days scheduled, if known: _____

6. DEADLINES

List all deadlines relating to your file:

Deadline	Action to be taken by this date	Do you need legal services for this step of the
<u>DD / MM / YYYY</u>	_____	_____
<u>DD / MM / YYYY</u>	_____	_____
<u>DD / MM / YYYY</u>	_____	_____
<u>DD / MM / YYYY</u>	_____	_____

7. ASSISTANCE CURRENTLY BEING RECEIVED

Is the organization for which you are filing this application currently being assisted by a lawyer or advocacy organization?

Yes (Fill out Sections A and B)

No (Go to Section 8)

A

Name of the contact person or lawyer: _____

Organization or firm: _____

Address: _____

City/Province : _____ Postal code: _____

Telephone number: _____ Fax: _____

E-mail: _____

B

If your Pro Bono Québec application is accepted, will this lawyer or advocacy organization continue to act for the organization regarding this matter?

Yes

I don't know

No (explain why) : _____

8. ASSISTANCE RECEIVED IN THE PAST

Has the organization for which you are filing this application been assisted in the past by a lawyer or advocacy organization regarding this matter?

If there are several lawyers or organizations, use a separate piece of paper to provide the information listed below for each lawyer or organization.

Yes (*Fill out Sections A and B*) No (*Go to Section 9*)

A Name of the contact person or lawyer: _____
Organization or firm: _____
Address: _____
City/Province : _____ Postal code: _____
Telephone number: _____ Fax: _____
E-mail: _____

B When was the lawyer or organization involved? :
From: _____ To: _____
Why is the lawyer or organization no longer involved? : _____

9. OTHER SOURCES OF ASSISTANCE

Have you asked other organizations to help you (other than the ones listed in Sections 7 and 8)?

Yes No

Does your organization belong to a larger group or body that protects its interests?

Yes No

Does your organization have legal insurance?

Yes No I don't know

Is there any other insurance relevant to this matter?

Yes No I don't know

If the answer to one of these questions is “yes”, explain any steps taken and the outcome.

10. HAVE YOU CONTACTED A REFERRAL SERVICE OF THE BAR?

- Yes, which one (please fill out section B hereunder) : No (please take notice of the section A hereunder)
 - Island of Montréal
 - Longueuil
 - Québec, Beauce, Montmagny
 - Any other region in Québec

A We recommend that you contact the appropriate Referral Service :

Island of Montréal : 514 866-2490	Québec, Beauce, Montmagny : 418 529-0301
Longueuil : 450 468-2609	Any other region in Québec : 1 866 954-3528

B Which lawyer have you consulted with?

11. SUMMARY OF YOUR CASE

Summarize **in chronological order** (by date) the facts underlying your application and any court proceedings. Identify the issues regarding which you would like legal advice. If you need more room to answer, attach a separate sheet to your application.

If your file is already before a court or tribunal, remember to include with your application any documents explaining your arguments (action, defence, motion, etc.). (See Section 13)

12. FINANCIAL STATEMENTS

Please provide a copy of your financial statements. **You must attach a copy to your application.** (See Section 13)

If these are not available, attach a balance sheet or prepare an estimate based on the current financial year of the organization.

REVENUES

Type of revenues	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

EXPENSES

Type of expenses	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SAVINGS, INVESTMENTS AND MAJOR ASSETS

Provide details of any savings, investments or other major assets owned by organization.

Type of savings / investments / assets	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

13. DOCUMENTS

List the copies of documents you are attaching to your application:

- Notice of refusal or withdrawal of legal aid, if applicable
- Any document issued by a court or tribunal
- Any document from a lawyer in connection with the file
- Any relevant correspondence with a person involved in the file
- Audited financial statements or balance sheet
- Any other important document related to the file (e.g., defence, motion, expert's report)
- A complete list the lawyers you have contacted
- A list of other relevant documents not sent with the application

14. HOW DID YOU HEAR ABOUT PRO BONO QUÉBEC?

15. DECLARATION, RENUNCIATION AND AUTHORIZATION

I declare that the information in this application is, to the best of my knowledge, accurate and complete.

I, personally and as an authorized representative the organization, will not hold Pro Bono Québec, its employees, partners and volunteers responsible for anything that occurs in connection with this application.

I, personally and as an authorized representative of the organization, authorize Pro Bono Québec to:

- Provide this application and accompanying documents to its employees, partners and volunteers
- Consult the court file, if there is one
- Contact any person or organization mentioned in this application, accompanying documents or the court file
- Keep this application and accompanying documents
- If my request is accepted, to publish it anonymously in their newsletter in order to find a lawyer

Signature : _____

Date : DD / MM / YYYY

WHAT TO DO WITH YOUR COMPLETED APPLICATION

Send the completed form, your \$20 payment (cash, money order or cheque made to the order of Pro Bono Québec) and a copy of the documents mentioned in Section 13 to:

Pro Bono Québec
P.O. Box 465, Place Victoria
Montreal (Quebec) H4Z 1J7

Keep a copy of the completed form for your records.

Rest assured that your request will be treated carefully and in a confidential manner.