

WHAT YOU NEED TO KNOW BEFORE GETTING STARTED:

1. DEADLINES

Processing your application may take at least **two weeks**. Furthermore, Justice Pro Bono must receive your application and any other relevant information **at least 8 weeks before any hearing or deadline related to your file.**

2. DECISION

If your application is turned down, Justice Pro Bono is not obligated to justify its decision. To reach a decision, Justice Pro Bono 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.

3. FEES

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

4. YOUR RESPONSIBILITIES

Until you sign an agreement for professional services (mandate) with a lawyer referred to you by Justice Pro Bono, 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.

5. NATURE OF THE SERVICES RENDERED

Justice Pro Bono **does not provide any legal advice or any solicitor-client relationship** between you and Justice Pro Bono. If your application is accepted, you will have a solicitor-client relationship with a lawyer referred by Justice Pro Bono and not with Justice Pro Bono itself.

DOCUMENTS

Justice Pro Bono 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. PERSONAL INFORMATION

Name (block letters): _____ Date of birth: DD / MM / YYYY

Address: _____

City/Province: _____ Postal Code: _____

Phone number: _____ Mobile number: _____

Email: _____ Fax: _____

2. ELIGIBILITY FOR LEGAL AID

If you are eligible for legal aid, you do not qualify for the services of a lawyer referred by Justice Pro Bono.

To find out if you are 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 to you:

- I am not eligible for legal aid
- My legal aid was withdrawn
- No lawyer wants to take care of the legal aid retainer.
- Presence of a conflict of interests.

In all cases, you must provide a copy of the notice of refusal or withdrawal of legal aid.

3. SERVICES REQUIRED

Indicate the reason(s) why you require the services of a lawyer referred by Justice Pro Bono:

- Advice
- To be represented in court
- Help with mediation
- Other (specify): _____

4. STATUS OF YOUR FILE

Is your file already before a court or tribunal?

- Yes (fill out the section below)
- No (go to section 5)

Name of the court or tribunal: _____

Court or tribunal case number: _____

District: _____

Name of all the parties (including yourself)

Plaintiff / Petitioners	Defendants / Respondents / Third 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: _____

5. DEADLINES

List all deadlines relating to your file:

Date	Action to be taken by this date	Do you need legal services for this step of the process?
DD / MM / YYYY		
DD / MM / YYYY		
DD / MM / YYYY		
DD / MM / YYYY		

6. CURRENT ASSISTANCE

Are you currently receiving services from a lawyer or advocacy organization?

Yes (fill out sections A, B and C)

No (go to section 7)

A Name of the contact person or lawyer: _____

Organization or firm: _____

Address: _____

City / Province: _____

Phone number: _____ Fax number : _____

Email: _____

B Why do you wish to terminate your relationship with this lawyer or advocacy organization?

C If your Justice Pro Bono application is accepted, will this lawyer or organization continue to act for you in the file?

Yes

I don't know

No (explain why)

I authorize Justice Pro Bono to communicate with this lawyer or organization

In the event of a refusal, please explain why:

7. ASSISTANCE RECEIVED IN THE PAST

Have you previously been assisted by a lawyer or advocacy organization regarding this matter?

Yes (fill out sections A and B)

No (go to section 8)

If you have been assisted by several lawyers or organizations, use a separate piece of paper to provide the information listed below for each lawyer or organization.

A

Name of the contact person or lawyer: _____

Organization or firm: _____

Address: _____

City / Province: _____

Phone number: _____ Fax number : _____

Email: _____

B

When was the lawyer or organization involved?

From: _____ DD / MM / YYY To: _____ DD / MM / YYY

Why is the lawyer or organization no longer involved?

8. OTHER SOURCES OF ASSISTANCE

Have you asked other organizations to assist you (other than the ones listed in sections 6 and 7)?

Yes

No

Do you belong to a union or advocacy organization?

Yes

No

Do you have legal insurance?

Yes

No

I don't know

Do you have any other insurance related to this matter?

Yes

No

I don't know

If you answered YES to one of these questions, explain any steps taken and the outcome.

11. PERSONAL STATUS

- Spouse / Partner – not married Divorced Separated
- Spouse / Partner - married Single Widowed

12. DEPENDENT CHILDREN

Number of children: _____ Ages: _____

13. EMPLOYMENT STATUS

- I am self-employed, occupation: _____
- I am employed, occupation: _____
Name of employer: _____
- I am not employed I am retired

14. INCOME (MONTHLY)

Gross salary (before deductions)	_____ \$
Commissions or bonuses	_____ \$
Pension	_____ \$
Trust income	_____ \$
Rental income	_____ \$
Investment income	_____ \$
Other (please specify, e.g., CSST, SAAQ, employment insurance, etc.)	_____ \$

TOTAL	\$
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15. EXPENSES (MONTHLY)

Rent / Mortgage	_____ \$
Alimony / Child support	_____ \$
Car / Transportation	_____ \$
Basic living expenses (grocery, phone, electricity, etc.)	_____ \$
Other major expenses (specify)	_____ \$

TOTAL	\$
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16.CHANGES IN YOUR SITUATION

Indicate whether your financial situation has changed in the last year or whether you expect it to change soon.

17.REAL ESTATE

If you own or co-own real estate (condo, house, rental property, cottage, etc.), provide the amount of the municipal evaluation and the mortgage left to be paid.

Type of property	Address	Municipal evaluation	Mortgage (your share)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

18.SAVINGS, INVESTMENTS AND MAJOR ASSETS

Provide details of any savings, investments or other major assets (e.g., RRSP, cash, cars, shares,

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

19.DEBTS

Provide details of any debts (personal loans, credit cards, etc.).

Type of debts	Value
	\$
	\$
	\$
	\$

20.HOW DID YOU HEAR ABOUT JUSTICE PRO BONO?

21.DECLARATION, RENUNCIATION AND AUTHORIZATION

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

I agree that I will not hold Justice Pro Bono, its employees, partners and volunteers responsible for anything that occurs in connection with this application.

I authorize Justice Pro Bono to:

- Provide this application and accompanying documents to its employees, partners and volunteers;
- Consult my court file, if there is one;
- Contact any person or organization mentioned in this application, accompanying documents or 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 / YYY

**MANDATORY DOCUMENTS
TO BE ATTACHED TO YOUR APPLICATION**

- Notice of refusal or withdrawal of legal aid
- Complete income tax return for the previous year
- Notice of assessment for the previous year
- Proof of income for the current year (e.g. pay slip or proof of social assistance)

PAYMENT

\$20 fee for processing your application

- Cash
- Money order payable to Justice Pro Bono
- Cheque made out to Justice Pro Bono

**OTHER DOCUMENTS RELATED
TO YOUR APPLICATION**

Indicate copies sent with your application:

- Any other important documents related to the file (e.g., action, defense, motion, expert’s report)
- Any document issued by a court or tribunal
- Any relevant correspondence with a person involved in the file
- Any document from a lawyer in connection with the file
- List of other relevant documents not sent with your application

DO NOT SEND ORIGINAL DOCUMENTS, AS THEY WILL NOT BE RETURNED

Please mail the form, supporting documents and payment to the following address

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