

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, 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 or any solicitor-client relationship** 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. PERSONAL INFORMATION

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

Address: _____

City/Province: _____ Postal code: _____

Telephone number: _____ Cellular phone number: _____

E-mail: _____ 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 Pro Bono Québec.

To find out if you are eligible for legal aid, contact a legal aid office or a community legal aid center (centre communautaire d'aide juridique) 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 application for legal aid was refused.
- My legal aid was withdrawn.
- Presence of conflict of interests.

In all cases, **you must provide a copy of the notice of refusal or withdrawal of legal aid.** (See Section 20.)

3. SERVICES REQUIRED

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

- Advice
 - Representation in the courts
 - Help with mediation
 - Other (please specify)
-

4. STATUS OF FILE

Is your file already before a court or tribunal?

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

Name of the court or tribunal: _____

Court or tribunal case number: _____

District: _____

Names 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 :

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

6. CURRENT ASSISTANCE

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

Yes (*complete sections A, B and C*)

No (*go to section 7*)

A Name of the contact person or lawyer : _____

Organization or firm : _____

Address : _____

City/Province : _____

Telephone : _____ Fax : _____

E-mail: _____

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

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

Yes

I don't know

No (please explain why) _____

I authorize Pro Bono Québec to communicate with this lawyer

If you refuse, please explain why :

7. PAST ASSISTANCE

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

Yes (Fill out Sections A and B on the next page)

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 : _____

Telephone number : _____ Fax : _____

Courriel : _____

B When was the lawyer or organization involved?

From : _____ To : _____

Why is the lawyer or organization no longer involved?

8. OTHER SOURCES OF ASSISTANCE

Have you approached other organizations for help (other than those referred to in sections 6 and 7)?

Yes

No

If yes, please describe the measures you took and the results obtained.

Have you benefited from mediation sessions?

Yes

No

If not, please note that you are entitled to 5 hours of free mediation sessions. For more information, please visit <http://www.justice.gouv.qc.ca/english/programmes/mediation/accueil-a.htm>

9. 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 Montreal
- Longueuil
- Québec, Beauce, Montmagny
- Any other region in Québec

A We recommend that you contact the appropriate Referral Service :

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

B Which lawyer have you consulted with?

10. SUMMARY OF YOUR FILE

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 19.

11. PERSONAL STATUS

- Spouse/partner - not married Divorced Separated
 Spouse - married Single Widowed

How long has it been ? _____

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 AND EXPENSES

REVENUS POUR L'ANNÉE COURANTE (PAR MOIS)

CATEGORY

Gross salary	_____
Commissions/Tip	_____
Net income from a business and from self-employment (<i>attach financial statements</i>)	_____
Family allowances/Tax benefits	_____
Employment insurance	_____
Support paid by a third party	_____
Retirement, disability or other benefits	_____
Interest and dividends	_____
Net rents (<i>attach statement of income and expenses for the property</i>)	_____
Other, specify : _____	_____

MONTHLY EXPENSES

To calculate the exact monthly amount, multiply a weekly expense by 4.33 and divide an annual expense by 12.

CATEGORY

Rent/Mortgage	_____
Contribution to the Québec Pension Plan or Canada Pension Plan	_____
Employment insurance premiums	_____
Contributions to a pension plan	_____
Group insurance premiums	_____
Union and professional dues	_____
Common expenses (condominium)	_____
Municipal, school and water taxes	_____
Home insurance premiums	_____
Life, accident, disability insurance	_____
Electricity	_____
Heating	_____
Telephone	_____
Cable television	_____
Repair and maintenance of primary residence	_____
Housekeeping services	_____
Purchase of furniture, household appliances and bedding	_____
Repair of furniture and household appliances	_____
Food and groceries	_____
Meals outside home (work/leisure)	_____
Medication and toiletries	_____
Diapers and baby milk	_____
Dental care	_____
Glasses, contact lenses and related care products	_____
Clothing	_____
Laundry and cleaning	_____
Hairstyling (barber) and esthetic care	_____
Taxis and public transit	_____
Vehicle	_____
Payments/lease	_____
Insurance	_____
Permit and registration	_____
Gas	_____
Maintenance	_____
Parking	_____
Educational costs (tuition, books, materials, meals, outings, extracurricular activities, costume)	_____
Registered education savings plan	_____
Childcare expenses (daycare, babysitting, day camp)	_____
For work	_____
For leisure	_____
Outings and entertainment	_____
Sports activities	_____
Equipment : sports, leisure or other	_____
Courses/Lessons	_____
Toys, gifts	_____
Books, magazines, newspapers, CDs/DVDs, cassettes	_____
Pets	_____
Tobacco and alcoholic beverages	_____
Vacations	_____
Camp	_____
Children's allowances	_____
Savings - retirement saving	_____
Debts payments	_____
1) _____	_____
2) _____	_____
3) _____	_____
Lawyer's fees	_____
Secondary residence	_____
Other expenses : _____	_____

15. REAL ESTATE

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

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

16. SAVINGS, INVESTMENTS AND MAJOR ASSETS

Provide details of any savings, investments or other major assets that you have (e.g. **RRSPs, cash, cars, stocks**, etc.).

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

17. DEBTS

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

Type of debt	Amount owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

18. INFORMATION ON OPPOSING SIDE

Name : _____ Surname : _____

Place of residence (city, country) : _____

INCOME OF OPPOSING SIDE

Gross salary _____ \$

19. INFORMATION ON PRESENT PARTNER*

Name : _____ Surname : _____

Place of residence (city, country) : _____

INCOME OF PRESENT PARTNER*

Gross salary _____ \$

*Person with whom you live with

PLEASE PROVIDE :

- **Your income tax return for the previous year**
- **A notice of assessment for the previous year**
- **A proof of income for the current year (e.g. : pay slip, proof of social assistance, etc.)**

20. DOCUMENTS

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

- | | |
|---|--|
| <input type="checkbox"/> Notice of refusal or withdrawal of legal aid, if applicable | <input type="checkbox"/> Any relevant correspondence with a person involved in the file |
| <input type="checkbox"/> Any other important documents related to the file (e.g., action, defence, motion, expert's report) | <input type="checkbox"/> Any document from a lawyer in connection with the file |
| <input type="checkbox"/> Any document issued by a court or tribunal | <input type="checkbox"/> A list of other relevant documents not sent with your application |
| <input type="checkbox"/> Income tax return, notice of assessment, proof of current income | |

20. HOW DID YOU HEAR ABOUT PRO BONO QUÉBEC?

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 Pro Bono Québec, its employees, partners and volunteers responsible for anything that occurs in connection with this application.

I authorize Pro Bono Québec 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 my 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 19 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.