

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. 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](http://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.
- No lawyer wants to take care of the legal aid retainer.

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

Please provide us with a **complete list of the lawyers you have contacted.** (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: \_\_\_\_\_

Name of the other party's lawyer : \_\_\_\_\_

Names of all the parties (including yourself)

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: \_\_\_\_\_

**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 \_\_\_\_\_ Fax : \_\_\_\_\_

number : 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>



**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**

**INCOME FOR THE CURRENT YEAR (PER MONTH)**

**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

**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                                   | <input type="checkbox"/> A complete list of the lawyers you have contacted.                |

**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.**