

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 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 application for legal aid was refused.*
- My legal aid was withdrawn.*
- No lawyer wants to take care of the legal aid retainer. **

*If you chose either the second or third box, **you must provide a copy of the notice of refusal or withdrawal of legal aid.** (See Section 20)

If you chose the last box, please provide us with a **complete list of the lawyers you have contacted. (See Section 20)

3. SERVICES REQUIRED

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

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

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. ASSISTANCE CURRENTLY BEING RECEIVED

Are you currently being assisted by 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 : _____

Telephone number : _____ Fax number : _____

E-mail : _____

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

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

Yes

I don't know

No (explain why) : _____

I authorize Pro Bono Québec to communicate with this lawyer.

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 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 : _____
E-mail : _____

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 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.

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 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?

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 20*)

11. PERSONAL STATUS

- Spouse / Partner - not married Single Divorced
 Spouse / Partner - married Widow

12. DEPENDENT CHILDREN

Number of children: _____ Ages: _____

13. EMPLOYMENT STATUS

I am self-employed as (occupation) : _____

I am employed as (occupation) : _____

Name of employer : _____

- I am not working 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 \$ _____

15. EXPENSES (MONTHLY)

Rent of mortgage \$ _____

Support payments \$ _____

Car \$ _____

Basis living expenses (grocery, telephone, electricity, etc.) \$ _____

Other major expenses (please specify) : _____ \$ _____

TOTAL \$ _____

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.), indicate 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., RRSPs, cash, cars, shares, etc.).

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

19. DEBTS

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

Type of debts	Amount owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

PLEASE PROVIDE :

- **Your complete income tax return for the previous year**
- **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 |

21. HOW DID YOU HEAR ABOUT PRO BONO QUÉBEC?

22. 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
Montréal (Québec) 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.