



Name: _____ Date of Birth: ____/____/____
LAST FIRST MIDDLE YEAR MONTH DAY

Male Female Other: _____

Address for contact: _____ City: _____ Postal Code: _____

Telephone: _____ Email: _____
HOME CELL

Language of choice: English French Other Corrections PIN: _____ Contact me by: Regular mail Email

People of Indigenous descent, visible minorities, and persons with disabilities are invited to voluntarily identify. Your identity will be kept confidential but may be used for statistical analysis and reporting to improve services.

Indigenous Person with a Disability Visible Minority
Persons of North American Indigenous Ancestry including First Nation, Status and Non-Status Indians, Inuit and Métis
 Persons who have a long-term or recurring impairment
 Persons other than Indigenous people, who because of their race or colour, are a visible minority

Newcomer to Canada Yes No Date you arrived in Canada: _____ Date you arrived in MB: _____
Less than one year

Immigration Canada Unique Client Identification (UCI): _____
(May be provided to the Province of Manitoba to coordinate benefits and prevent fraud.)

Have there been previous applications for legal aid? Yes No Under a different name? _____

Legal Aid to appoint Lawyer requested: 1. _____ 2. _____

Have you already had a lawyer on this case? Yes No Lawyer's name: _____

Date lawyer started acting: _____ Amount billed to date: _____ Amount paid to date: _____

Purpose of Application: _____

Next hearing date: _____
TIME DATE COURT TYPE OF HEARING

APPLICANT'S INCOME

Employer Name: _____ Telephone: _____

Employer Address: _____

Occupation: _____ For how long? _____

Hourly rate: _____ Hours per week: _____ Paid: Bi-weekly Semi-monthly Monthly

Gross monthly pay: _____ Take-home monthly pay: _____

Full-time Part-time Hours per week: _____ Seasonal Weeks per year: _____

Social Assistance? Yes No Office: _____ Case No.: _____ Began? _____

Ward of CFS Agency? Yes No Total income in the last 12 months: _____

Employment Insurance gross weekly amount: _____ Began? _____ Ends? _____

Workers Compensation gross weekly amount: _____ Began? _____ Ends? _____

Monthly child and spousal support payable to you: _____ Date last payment received: _____

Name of the payor: _____ Amount received in the last 12 months: _____

If no income is noted above, please explain how you pay for daily food and shelter:

SPOUSE (OR PARTNER) WITH WHOM APPLICANT IS LIVING:

Name: _____ Date of Birth: ____/____/____
YEAR MONTH DAY

Occupation: _____ Employer Name: _____ Employer Address: _____

Hours per week: _____ Hourly rate: _____ For how long? _____

Gross monthly pay from all sources (employment, employment insurance, disability insurance, Workers Compensation, pensions, child support etc.): _____

Monthly child and spousal support being paid by your spouse: _____ Date of last payment: _____

How long have the parties been living together? _____

The Applicant and their spouse/partner may be required to provide their most recently filed Income Tax Return, their last Income Tax Assessment Notice and three most recent and consecutive paystubs. If farming or self-employed, a detailed statement of income, expenses, assets and liabilities must also be provided.

OTHER PERSONS LIVING WITH THE APPLICANT (Name, Date of Birth, Age and Relationship)

None, or:

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

FAMILY EXPENSES (Please provide information for the family)

Rent: _____ Monthly cost of childcare: _____
 Monthly child/spousal support payable by you: _____ Date of last payment: _____
 Support paid to: _____ Amount paid in the last 12 months: _____

DEBTS (over \$1,000): Who do you owe money to and how much?

	Total	Payments	Joint/Sole
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

FAMILY ASSETS (Please provide information for the family)

None Cash or Savings: _____

Vehicle(s): 1. _____ VALUE _____ 2. _____ VALUE _____ 3. _____ VALUE _____
YEAR AND MAKE YEAR AND MAKE YEAR AND MAKE

Recreational Vehicle/Trailer(s): 1. _____ VALUE _____ 2. _____ VALUE _____
YEAR AND MAKE YEAR AND MAKE

Investments (RRSPs, RESPs, other investments, trust funds, etc.): _____ Locked-in? Yes No

Other financial resources the family may be entitled to now or in the near future? Yes No

If any investments or other financial resources, please provide amounts and maturity date(s):

1. _____ 3. _____
 2. _____ 4. _____

Family home: Address as above, or: _____

In whose name?: _____ Purchased when? _____ Purchase price: _____

Current value: _____ Mortgage amount: _____ Monthly payment: _____

Does the family own or have an interest in any other real property of any kind? Yes No

If yes, provide details: _____

I know that Legal Aid Manitoba will file a lien(s) against any land which I have any interest for an amount equal to the cost of the legal aid provided before and after the filing of the lien.

I do not consent to Legal Aid Manitoba filing a lien(s) against any land which I own or in which I have an interest. (The application may be rejected and coverage refused.)

Reason: _____

YOUTH CASES ONLY

Name of custodial parent or guardian: _____

Parent or Guardian's address: Same, or: _____

CFS Agency: _____

Status: Temporary Ward Permanent Ward Other

Social Worker's Name: _____ Telephone: _____

If the youth is not a ward, the family income, expenses and assets sections must be completed. A young person completing an application for legal aid is entitled to the assistance of a parent, adult relative, or other appropriate adult of their choice.

CRIMINAL AND YOUTH CASES ONLY

Name of Complainant: _____ Date of Birth: _____ / _____ / _____
YEAR MONTH DAY

In custody? Yes No Where? _____ Summary Indictable Hybrid

Bail application done? Yes No Result? _____

Community Agency (Probation/ Mental Health etc.) Contact(s): _____

Does requested law firm represent co-accused? Yes No Who? _____

Have you entered a plea? Yes No

Incident Number on your Summons: _____

Police Agency: _____

Offence Date: _____

I consent to Legal Aid Manitoba releasing my information to the University of Manitoba Community Law Centre if my application is rejected/refused.

A copy of each police summary, criminal record, all informations/indictments are required for assessment and must be attached.

FAMILY/CIVIL CASES ONLY

Person/Agency against whom relief is being sought: _____ Date of Birth: _____ / _____ / _____
YEAR MONTH DAY

Address for contact: _____ Occupation: _____

Employer: _____ Annual Income: _____
Estimate

Alternate contact for Respondent: _____

His/Her Lawyer: _____ Has the Respondent received legal aid in the past? Yes No Unknown

Date cohabitation started: _____ Place & Date of Marriage: _____ Date of Separation: _____

In consideration of Legal Aid Manitoba (LAM) retaining a lawyer to act on my behalf, I agree as follows (Please initial beside each point):

Initial To the extent that it is appropriate to do so, I shall try to resolve my family law matters through a family dispute resolution process which may include (but is not limited to) 4-way settlement meetings, mediation and/or collaborative law before instructing my lawyer to proceed to contested litigation.

Initial To the extent that it is appropriate to do so, and/or required by law, I shall attend and complete the "For the Sake of the Children" parent information program operated by the government of Manitoba. Upon completion of the parent information program, I shall provide my lawyer with a copy of the certificate of attendance.

Initial I shall deal with my assigned lawyer in good faith and shall provide my assigned lawyer all necessary and reasonable information requested including (but not limited to) the following financial information:

- income tax returns for each of the three most recent tax years;
- notices of assessment and reassessment from the Canada Revenue Agency for each of the three most recent tax years;
- the most recent statement of earnings or pay slip showing year-to-date earnings, or a letter from my employer stating my salary or wages;
- financial statements if I am self-employed or control a corporation;
- information on income received from employment insurance, workers' compensation, disability payments, and social or public assistance.

Initial I acknowledge and agree that I will take all steps in my power to:

- Reduce any conflict between myself and the opposing party;
- Avoid actions that would expose any child of the relationship to conflict that arises;
- Promote co-operative solutions, wherever appropriate;
- Maintain and continue all insurance coverage without change in coverage or beneficiary; and
- Ensure all steps and actions I take protect the best interests of the child(ren).

Initial I acknowledge and agree that while my legal aid certificate is active, I will not

- Dispose of any assets of the relationship except by an agreement in writing;
- Harass, belittle or denigrate the other party;
- Instruct my lawyer to take a position that is unreasonable or contrary to the best interest of the child(ren) of the relationship.

OR

Initial I do not agree to the above conditions. (The application may be rejected and coverage refused).

Please provide a copy of any court order or agreement now in place. A legal opinion must be provided respecting each purpose listed above.

CHILD PROTECTION CASES ONLY

Mother's Name: _____ Date of Birth: _____ / _____ / _____
YEAR MONTH DAY

Apprehended Childrens' Names and DOBs; Biological Father(s) and DOB(s):

Name	DOB	Biological Father	Biological Father's DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CFS Agency(s): _____

Other: _____

Social Worker(s): _____

Type of Order sought: _____

APPLICATION FEE

Has the \$25.00 application fee been collected? Yes No (Cash, money order or lawyer's cheque only) Receipt No.: _____

Has an Assignment Form been filed with a correctional institution? Yes No Institution: _____

No application fee has been paid because the applicant:

- has, or has just applied, for social assistance
- is a full-time student in receipt of student aid
- is in custody and receiving social assistance at arrest
- is granted court-appointed counsel under the CFS Act or the YCJA
- is a youth who is a ward (VPA, temporary, permanent order) of a child caring agency
- is a youth whose parents receive full or partial social assistance
- is a youth in custody
- is in a women's shelter
- is in a mental health facility
- is in receipt of disability payments, composing more than 75% of their gross income

DECLARATION AND UNDERTAKING

The information provided in this application is true to the best of my knowledge and belief. I have not omitted any information that might affect my eligibility for legal aid. I undertake to immediately report any change in my circumstances which might affect my eligibility for legal aid.

It is a serious matter to make a false statement on your application for legal aid. A false statement may lead to cancellation of legal aid, an action to recover monies paid or payable on your behalf, and/or prosecution.

PRIVACY STATEMENT

The information on this form is required by *The Legal Aid Manitoba Act* for the purposes of:

- a. assessing eligibility for legal aid coverage, administering legal aid coverage, and/or deciding any appeals from refusals;
- b. ensuring timely legal assistance is provided to eligible applicants; and
- c. evaluating the quality, cost effectiveness, efficiency and proper administration of services provided by Legal Aid Manitoba.

Information provided is protected by one or more of *The Legal Aid Manitoba Act*, *The Freedom of Information and Protection of Privacy Act* and *The Personal Health Information Act*. For more information about your file contact your local legal aid office or the Tracing Department at tracing@legalaid.mb.ca, 4th floor - 287 Broadway, Winnipeg, Manitoba, R3C 0R9, telephone: 204.985.8506 (toll-free 1-800-261-2960). For general information please visit www.legalaid.mb.ca.

CONSENT AND RELEASE

I consent to Legal Aid Manitoba advising the court I have applied for legal aid and the status of my legal aid application and coverage.

For the purpose of assessing this application, the Area Director of Legal Aid Manitoba and his/her designate is authorized to:

- 1. obtain, inspect and copy financial information and records held by any trust company, bank, or other financial institution or agency;
- 2. obtain, inspect and copy eligibility and financial records held by the Workers Compensation Board, the Employment Insurance Commission, Canada Revenue Agency, or any other federal, provincial or municipal government agency;
- 3. contact me, or otherwise access and use the information provided herein, for the purposes of evaluating the quality, cost-effectiveness, efficiency and administration of the services provided by Legal Aid Manitoba; and
- 4. make such other inquiries as may be necessary to verify the information provided herein.

A photocopy of this signed Consent and Release is sufficient to authorize any such disclosure.

My signature or mark below means:

- 1. I understand what is written above.
- 2. I am making the solemn Declaration and Undertaking as set out above
- 3. I consent to Legal Aid Manitoba using and releasing the information herein for the purposes set out above.
- 4. I acknowledge that my choice of counsel, including the choice to have legal aid appoint counsel for me, is binding on me. I am required to accept, and make good-faith efforts to work with, counsel appointed by Legal Aid Manitoba. Failure to do so may result in cancellation of my Legal Aid Certificate.

Signed at _____, Manitoba, this _____ day of _____ 20 _____.

WITNESS

SIGNATURE OF THE APPLICANT

INTERVIEWER
(PLEASE PRINT)

INTERPRETER

I, _____ certify that the contents of this application were fully explained to the applicant in the applicant's language of choice.

SIGNATURE OF THE INTERPRETER

Taking an Application over the phone/applicant in custody unable to sign

There are situations where an applicant may be unable to have an application taken in person, or to sign an application while in custody.

Procedure:

Where an application is taken (in writing) over the phone, or in person but the applicant cannot sign, the interviewer will read the entire backing and waivers on the legal aid application to the applicant. The applicant must confirm that he/she is agreeing to the conditions and would sign the application. The verbatim responses by the applicant must be recorded by the interviewer. An Attestation form (attached) is completed by the interviewer.

Alternatively, a faxed/scanned or electronically reproduced signature is acceptable.

ATTESTATION

(to be used only if Applicant cannot sign)

Date: _____

I, _____ interviewed _____
(name of interviewer) (applicant)

for the purposes of taking a legal aid application and that such application was taken in writing.

In completing the application I read the Declaration and Understanding, Consent and Release and Privacy Statement in their totality to the above applicant. I verify and attest that the applicant's responses are as noted below:

Declaration and Understanding:

Consent and Release:

Privacy Statement:

The applicant confirmed he/she will sign the application if it can be provided to him/her.

Interviewer's Signature: _____