

## WHAT YOU NEED TO KNOW BEFORE GETTING STARTED:

### DEADLINES

Processing your application will take at least two weeks. Please note also that *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 about what to include in the professional services agreement.

### NATURE OF THE SERVICES RENDERED

*Pro Bono Québec* does not give legal advice and there is no lawyer-client relationship between you and *Pro Bono Québec*. If your application is accepted, you will have a lawyer-client relationship with a lawyer referred by *Pro Bono Québec* and not with *Pro Bono Québec* itself.

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: \_\_\_\_\_ 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](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.

If you chose one of the last two boxes, you must provide a copy of the notice of refusal or withdrawal of legal aid. (See Section 19.)

## 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 / 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. ASSISTANCE CURRENTLY BEING RECEIVED

Are you currently being assisted by a lawyer or advocacy organization?

Yes (Fill out Sections A and B.)

No (Go to Section 7.)

**A**

Name of the contact person or lawyer: \_\_\_\_\_

Organization or firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**B**

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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**B**

When was the lawyer or organization involved?

From: \_\_\_\_\_ To: \_\_\_\_\_

Why is the lawyer or organization no longer involved?

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## 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.

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## 12. EMPLOYMENT STATUS

I am self-employed as (occupation): \_\_\_\_\_

I am employed as (occupation): \_\_\_\_\_

Name of employer: \_\_\_\_\_

I am not working

I am retired

## 13. 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** \$ \_\_\_\_\_

## 14. EXPENSES (MONTHLY)

Rent or mortgage \$ \_\_\_\_\_

Support payments \$ \_\_\_\_\_

Car \$ \_\_\_\_\_

Basic living expenses (groceries, telephone, electricity, etc.) \$ \_\_\_\_\_

Other major expenses (please specify): \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## 15. CHANGES IN YOUR SITUATION

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

\_\_\_\_\_

\_\_\_\_\_

## 16. 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)
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

## 17. 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
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## 18. DEBTS

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

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

## 19. 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 |

## 20. 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

Signature \_\_\_\_\_

Date DD / MM / YYYY

### WHAT TO DO WITH YOUR COMPLETED APPLICATION

**Send the completed form, your \$20 payment (cash 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 55043, RPO Notre-Dame  
11 Notre-Dame Street West  
Montreal, Quebec H2Y 4A7

Do not send original documents, as they will not be returned.

Keep a copy of the completed form for your records.