

PANEL ENROLLMENT INFORMATION SHEET

NAME: _____

FIRM NAME: _____

ADDRESS: _____

CITY/PROVINCE: _____ **POSTAL CODE:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____ **YEAR OF ADMISSION TO BAR:** _____

1. Please indicate which of the following best describes the amount of Legal Aid work you would like to receive.

- 1) [] I only want Legal Aid certificates where I have sent in the application myself confirming that I will act.
- 2) [] I only want Legal Aid certificates where I have been requested.
- 3) [] I am prepared to handle most Legal Aid certificates sent to me in the areas indicated below.
- 4) [] I am familiar with the current Legal Aid Tariff.
- 5) [] I no longer wish to be on the Legal Aid panel. Please remove my name.
- 6) [] Other (Please specify.) _____

2. Please indicate which type of legal aid case you are prepared to handle (check as many as you like).

- | | |
|--|--|
| 1) [<input type="checkbox"/>] Adult Criminal | 5) [<input type="checkbox"/>] Family Law |
| 2) [<input type="checkbox"/>] Young Offender | 6) [<input type="checkbox"/>] Administrative Law |
| 3) [<input type="checkbox"/>] On Call | 7) [<input type="checkbox"/>] Immigration & Refugee |
| 4) [<input type="checkbox"/>] Weekend Bail | 8) [<input type="checkbox"/>] Other (Please specify) _____ |

