

**ASSIGNMENT FOR LEGAL AID MANITOBA
APPLICATION FEE**

This part should be completed when the application is taken and give to Institution staff.

INSTITUTION: _____

INMATE NAME: _____

This part should be completed at the time of the interview.

I authorize payment of \$25.00 from my trust account to Legal Aid Manitoba to cover the application fee for Legal Aid.

Inmate Signature

Date

Witness

Date

This part should be completed by the Records Department of the institution.

Account Debited \$25.00 or \$_____ where less than \$25.00.

OR

The inmate's fund does not have sufficient funds available for the debit and the form is being returned, unpaid to Legal Aid.

For the Institution: _____

Date: _____

Form and funds to be sent to:
Legal Aid Manitoba – Accounts Receivable
4th Floor, 287 Broadway
Winnipeg, MB R3C 0R9