

PANEL ENROLLMENT INFORMATION SHEET

NAME: _____

FIRM NAME: _____

ADDRESS: _____

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

PHONE: _____ **FAX:** _____

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

****For travel authorization purposes, what town/city is your starting point?** _____

1. Please indicate which of the following best describes the amount of Legal Aid Manitoba work you would like to receive. (Please check one.)

- 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.

2. Please indicate if you are prepared to provide:

[] On Call [] Weekend Bail

3. Are there any communities (other than where your office is located) where you regularly attend and where you would be prepared to handle legal aid cases without travel time or expenses? If so, which communities?

4. I can conduct cases in [] English [] French. (Check all that apply.)

5. Are you fluent in any languages other than English and French? Please indicate those languages.

6. Any other comments or suggestions about Legal Aid Manitoba and how we can improve our

services would be welcome:

PLEASE NOTE: The Legal Aid Manitoba Tariff is available on the Legal Aid Manitoba website at <http://www.legalaid.mb.ca/> under “For Lawyers”.

Please return this to:

Gayle Zacharias
Administration Office
Legal Aid Manitoba
4th Floor – 287 Broadway
Winnipeg MB R3C 0R9

Fax: (204) 944-8582

Email: gazac@legalaid.mb.ca

Thank you for your help.

January 2016