

**APPLICATION
LEGAL AID MANITOBA
AUTOMATED BRYDGES ON-CALL SYSTEM**

NAME: _____

ON-CALL PHONE NUMBER: _____

We / I wish to be on the RURAL On-Call:

WINNIPEG On-Call:

BOTH:

Firm Contact Person & Phone Number for Training Purposes:

Please return this to:

**Criminal Duty Counsel Office
Legal Aid Manitoba
100 – 287 Broadway
Winnipeg MB R3C 0R9**

Email: garob@legalaid.mb.ca

Fax: (204) 949-9216

Thank you for your help.

OFFICE USE ONLY:

AgentID: _____

Password: _____

Queues: _____