



Lawyer Referral Service Application Form

Name: _____

Firm: _____

Address: _____

Phone: _____ Fax: _____

City: _____ Postal: _____

Email: _____ Year of Call: _____

Languages: English French ASL

Other: _____

Subject Preferences

(Select no more than 3, and mark 1st, 2nd and 3rd preference)

___ Administrative

___ Agriculture

___ Aviation

___ Bankruptcy / Creditors Rights

___ Child Protection

___ Civil Court Actions

___ Commercial / Corporate

___ Condominium

___ Consumer Protection

___ Corporate Law / Non-Profits

___ Criminal

___ Elder Law

___ Employment Insurance

___ Employment – Wrongful Dismissal

___ Entertainment

___ Environmental

___ Expropriation

___ Family

___ Family – Collaborative Law

___ Franchise

___ Other (please specify): _____

___ Human Rights

___ Immigration

___ Immigration – Refugee

___ Indigenous Law

___ Insurance

___ Intellectual Property

___ Labour

___ Landlord & Tenant

___ Medical Malpractice

___ Military

___ MPI

___ Municipal

___ Real Estate

___ Securities

___ Sexual Harassment

___ Taxation

___ Welfare

___ Wills / Estates / Trusts

___ Workers Compensation

___ Youth



Lawyer Referral Service Application Form

I have had the following experience in the above areas of law in the last 5 years:

- | | | | |
|---------------|-------------------------------------|--------------------------------------|------------------------------------|
| Preference 1: | <input type="checkbox"/> 1-10 cases | <input type="checkbox"/> 11-30 cases | <input type="checkbox"/> 30+ cases |
| Preference 2: | <input type="checkbox"/> 1-10 cases | <input type="checkbox"/> 11-30 cases | <input type="checkbox"/> 30+ cases |
| Preference 3: | <input type="checkbox"/> 1-10 cases | <input type="checkbox"/> 11-30 cases | <input type="checkbox"/> 30+ cases |

Case Experience & Other Unique Case Experience

Please provide information about your experience in the above areas of law:

Please indicate any other unique case experience or specific area of practice you would like us to know about (e.g. Charter experience, cases which set precedent or changed the law; representation of class action product liability actions; cases involving limitation periods in civil sexual abuse cases; etc.):

Are you prepared to accept cases on a contingency fee basis?

- Yes
- No

Are you prepared to accept referral clients who are “shut-in” due to ill health, disability or old age, and to attend, if necessary, at their residence or hospital?

- Yes
- No

Please return your application via email to: community@communitylegal.mb.ca

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Legal Aid

- I am on Legal Aid's panel list and can accept referral clients who may qualify for Legal Aid
 - I am not prepared to accept referral clients who qualify for Legal Aid
 - I am prepared to take Legal Aid cases on a reduced tariff
 - I am not prepared to take Legal Aid cases on a reduced tariff
-

1. I agree to participate in the Lawyer Referral Service. Provided there is no conflict of interest, and it is not otherwise improper, I will personally provide an initial onehalf hour consultation to anyone referred to me requiring legal assistance in the branches of law I have indicated on the preceding page.
2. In the event of a conflict of interest, or other reason which would prevent me from personally providing the initial half-hour consultation, I agree to refer the client back to the Lawyer Referral Service for a substitute referral.
3. I agree to provide the initial half-hour consultation for no fee. I understand that if additional services are required, the client is free to seek my assistance on my usual basis of legal charges.
4. I agree to return Lawyer Referral evaluation forms promptly.
5. I certify that I am not required to pay a surcharge on my insurance premium of 100% or more (representing 3 paid claims in the previous 5 years).
6. I agree to notify the Lawyer Referral Service immediately should I become ineligible or unable to accept referrals.
7. I will undertake to advise the Lawyer Referral Service and not to take referrals while I am under criminal investigation or investigation or suspension by the Law Society of Manitoba or any other law society.
8. I agree to notify the Lawyer Referral Service immediately of any change of address, choice of category or other information contained in this application form.
9. I understand that my name may be removed from the Lawyer Referral Service if complaints received are validated by the Lawyer Referral Service.

I certify that all information contained in this application form is correct.

Signature: _____

Date: _____