SCHEDULE “E”

LEGAL AID SASKATCHEWAN

PRIVATE BAR PANEL APPLICATION

1. **Professional information**

Solicitor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Solicitor’s phone numbers direct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Solicitor’s email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm’s phone numbers main \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Terms and Conditions**

In making this application and upon acceptance of it by Legal Aid Saskatchewan (LAS), I agree and undertake to comply with the provisions of *The Legal Aid Act, The Legal Aid Regulations, 1995*,as amended from time to time and the policies and procedures under the Private Bar Panel, Appointments, Tariff, as amended from time to time and published by LAS. I confirm and agree that, while I remain on the Legal Aid Panel, I will perform all duties undertaken by me consistent and in accordance with the aforementioned *Act, Regulations* and Private Bar Panel, Appointments, Tariff.

I specifically acknowledge I have read and agree to abide by the policies and procedures contained in the Private Bar Panel, Appointments, Tariff during the application process, my time on the panel and thereafter.

A Curriculum Vitae must be provided with this application in order for the application to be considered.

1. **Financial**

Transit # \_\_ \_\_ \_\_ \_\_ \_\_ Bank # \_\_ \_\_ \_\_ Account # \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

or provide copy of voided cheque

Accounting contact email for remittance receipt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acceptance onto the Panel is conditional on providing this banking information and the opportunity to continue to be provided with appointments is conditional on keeping it current. If there are changes to the account information, Legal Aid Saskatchewan – Director of Finance will be advised in writing in a reasonable time to update its records. Authorization is given to credit the above noted account for services rendered.

1. **Experience and work location(s)**
2. Does your firm have offices other than noted above? If so, please state where.

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1. Do you want to restrict your services to the location(s) of your office(s)?

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1. Would you be willing to travel to other court / circuit locations? If so, please state where.

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1. Have you been admitted to the Saskatchewan Bar? If so, please state when.

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1. Have you been admitted to other provincial or territorial bars? If so, please state where and when and your present status for each.

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1. In which languages other than English can you conduct a trial?

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In which areas of law do you have experience and actively practice and want to provide services?

If you do not have ‘experience and actively practice’ in the area of an offence / matter you may still check a ‘want to provide services’ box, but you may be required to undertake a probationary period.

**Criminal**

|  |  |  |
| --- | --- | --- |
| **Offence / matter** | **Experience and actively practice** | **Want to provide services** |
| Homicide |  |  |
| Sexual Offences |  |  |
| Sexual Assaults |  |  |
| Other Assaults |  |  |
| Robbery |  |  |
| Theft, B&E, Possession |  |  |
| Fraud, False Pretenses |  |  |
| Breathalyzer & Impaired |  |  |
| Other Vehicle Offences |  |  |
| Other Criminal Code |  |  |
| Controlled Drug and Substances Act |  |  |
| Youth Criminal Justice Act |  |  |
| Other Federal Statutes |  |  |
| Appeals |  |  |
| Dangerous Offender Applications |  |  |

**Family**

|  |  |  |
| --- | --- | --- |
| **Matter** | **Experience and actively practice** | **Want to provide services** |
| Separation |  |  |
| Custody |  |  |
| Access |  |  |
| Maintenance |  |  |
| Child support |  |  |
| Other Family |  |  |
| Restraining Order |  |  |
| Divorce (Contested or Uncontested) |  |  |
| Child Protection (Apprehension) |  |  |
| Filiation Proceedings |  |  |
| Adoption |  |  |
| Appeals |  |  |

1. Have you handled cases:
2. Where a client was charged with an offence punishable by a minimum sentence of ‘life’ in prison? If yes, please provide details.

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1. With a jury? If yes, please provide details.

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1. Where a client was subjected to an application for ‘dangerous offender’ designation / sentence? If yes, please provide details.

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1. Where you appealed on behalf of a client? If yes, please provide details.

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1. Where you responded to an appeal against a client? If yes, please provide details.

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I have reviewed the information I have provided and it is correct to the best of my recollection. I verify I have read and understand *The Legal Aid Act, The Legal Aid Regulations*, *The Commission Private Bar Policy-January 2021*, and the Tariff of Fees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***Submit the completed form by fax to (306) 933-6764 or by email to central@legalaid.sk.ca with the subject line “Panel Application.”***

Schedule E 01/2021