

Exceptional Circumstances Payment (ECP) Request: Family — Child Protection

In some cases, where exceptional circumstances (EC) can be demonstrated, an increase in payment may be granted where an account exceeds the tariff maximum. If your account exceeds the tariff maximum, and you want to apply for an EC Payment, fill out this form and include it when submitting the account.

Account date:	Date of request:
Requestor Information	
Lawyer information	
Name:	
Solicitor #:	
Phone:	
Email:	
Client information	
Name:	
Names of co-accused / other parties:	
Tariff Hours	
How many tariff hours are available?	
Have you used all available tariff hours? □	
If no, please do so before submitting any accou	unts requesting exceptional circumstances payments.
If yes, how many hours beyond the tariff have	you spent?
How many hours would you like considered for	



Legal Aid Tariff

Actions Taken

The Legal Aid Tariff of Fees is meant to reflect the fees customarily paid by a reasonable private paying client of modest means. These fees apply for all legal aid services, except in exceptional circumstances. Should your account exceed the tariff maximum and you wish Legal Aid Saskatchewan to consider paying the account as billed, please explain the exceptional circumstances of your case based on the following factors (click all that apply):

☐ Respond to CPS Applicat	ion for Protection Order				
☐ Pre-Trial Conference					
	If "no," why not?				
☐ CPS Hearing	duration:				
	☐ of witnesses:				
Complexities					
☐ Child(ren)'s exceptionali	ties				
•	ognitive/physical impairment	ts 🗆 Yes 🗆 No			
If yes, provide detail	s:				
					
☐ Client's exceptionalities					
□ cognitive / physic	al impairments	☐ Yes ☐ No			
☐ mental health/add	•	☐ Yes ☐ No			
□ housing instability	ý	☐ Yes ☐ No			
☐ abusive spousal re	elationship	☐ Yes ☐ No			
Details:					
☐ First Nations' Involvemen	ıt □ Yes □ No				
□ STC □ FN (Child & Family Services	☐ Red Bear	☐ Other		
Details:					



Relevant Factors

☐ Disclosure ☐ from MSS ☐ by MSS	
☐ Expert Evidence required	
☐ Multiple ☐ children ☐ parents ☐ parties having/seel	ring standing
☐ Lengthened timelines due to:	
☐ multiple adjournments at request of client	
☐ MSS	
☐ third party	
□ court's direction	
□ other	



Case details

Please provide case details and the factual circumstances that support the factors selected in the section above. Attach any relevant documents to support your request for an exceptional circumstances payment.

Note: If you were asked to prepare an opinion letter, please attach.





Private Bar Director Exception Request

Are there any o	ther factors	not articulated	d in the a	ıbove criteria?□	Yes □No
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If yes, provide details below.

Note: This request is to be used rarely and only in circumstances when counsel can clearly demonstrate that the exceptional circumstances test has been met.





For more information on exceptional circumstances payments see the Legal Aid Saskatchewan's Billing and Payments Handbook.

For assistance in completing this form please contact the Legal Aid Saskatchewan Private Bar Services at 1-306-933-5300 or email pboffice@legalaid.sk.ca.

\Box I certify that the information included in this form is complete, true, and accurate.
Name:
Signature:
Date:
Please attach the completed Exceptional Circumstances Payment (ECP) Form to your account and email PBAccounts@legalaid.sk.ca with the subject line ECP Request - LSN #.

Exceptional Circumstances Payment (ECP) Request – Family / Child Protection 2025 (Revised 03/04/25)

