

Exceptional Circumstances Payment (ECP) Request: Family – Support, Custody, Access

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: | |
|--|------|
| Client #: | |
| Names of co-accused / other parties: _ | |

Tariff Hours

Have you used all available tariff hours? \Box Yes \Box No

If no, please do so before submitting any accounts requesting exceptional circumstances payments.

If yes, how many hours beyond the tariff have you spent? ______ How many hours would you like considered for exceptional circumstances payment?______

LEGAL AID

Legal Aid Tariff

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):

| Actions Taken | Successful? | |
|---|-------------|--|
| Judicial Case Conference | | |
| Initiated by: \Box client \Box O/P | 🗆 yes 🛛 no | |
| □ Application Without Notice | 🗆 yes 🛛 no | |
| □ Application for Interim Order for: | | |
| Parenting | 🗆 yes 🛛 no | |
| 🗆 shared 🗖 primary | 🗆 yes 🛛 no | |
| Decision-making | | |
| 🗆 joint 🛛 sole | 🗆 yes 🛛 no | |
| Spousal Support | 🗆 yes 🛛 no | |
| 🗆 retroactive 🗖 ongoing | | |
| Child Support | | |
| □ retroactive □ ongoing | 🗆 yes 🛛 no | |
| \Box s. 3 \Box s. 3(2)(a) \Box s. 3(2)(b) \Box s. 7 \Box s. 9 | 🗆 yes 🛛 no | |
| Details: | | |
| | | |

□ Pre-Trial Settlement Conference

□ Settlement reached on:

□ all issues

□ in part, with the remaining issues to be addressed at trial or otherwise as follows (specify dates) _____



□ Application for Judgment for:

| | i for judgment for: | | | | | |
|----------------|-------------------------------------|-----------------------|---------------|-------------|-----------|------|
| | Divorce | | | | | |
| | Spousal Support | quantum: | | | | /mo. |
| | | duration: | | | | |
| | | review date: | | | | |
| | | termination date: | | | | |
| | □ Parenting | | | □ yes | 🗆 no | |
| | □ shared □ primary | / | | □ yes | 🗆 no | |
| | Decision-making | | | · | | |
| | 🗆 joint 🗖 sole | | | □ yes | 🗆 no | |
| | □ Child Support | | | | | |
| | □ retroactive □ ongo | oing | | □ yes | 🗖 no | |
| | \Box s. 3 \Box s. 3(2)(a) |] s. 3(2)(b) □ s. 7 □ |] s. 9 | □ yes | 🗆 no | |
| | □ Other | | | □ yes | 🗆 no | |
| | Details: | | | | | |
| Complexities | | | | | | |
| □ Child(ren)'s | s exceptionalities | | | | | |
| | developmental / cognitive | / physical impairme | ents | | | |
| Client's exc | | ., . | | | | |
| | □ cognitive / physical impair | ments | | | | |
| | mental health/addiction is | | | | | |
| | Details: | | | | | |
| Income Im | putation | | | | | |
| | \Box Self-employed payor \Box L | Jnderemployed pay | ′or | | | |
| | 🗆 other | | | | | |
| □ Abuse Alle | gations | | | | | |
| | □ child abuse | | spousal | abuse | | |
| | physical | | | physical | | |
| | □ sexual | | | sexual | | |
| | 🗖 psychological/emo | tional | | psychologic | al/emotic | onal |

□ psychological/emotional

□ financial

□ coercive control

U Withholding / Overholding

□ alienation □ absconding □ Hague Convention Matters

LEGAL SASKATCHEWAN



Relevant Factors

| □ Disclosure □ from o/p □ requests from o/p |
|--|
| ☐ financial/income disclosure |
| medical disclosure |
| □ other: |
| Expert Evidence required |
| □ Multiple □ children □ parents □ parties having/seeking standing |
| □ Lengthened timelines due to: |
| multiple adjournments at request of |
| \Box petitioner \Box respondent \Box third party \Box court's direction |
| □ Client in another jurisdiction □ O/P in another jurisdiction □ attorn to SK jurisdiction □ must establish jurisdiction |
| □ Well-Funded O/P |
| □ Self-Represented O/P |





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 other factors not articulated in the above criteria? \Box Yes \Box No

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 <u>pboffice@legalaid.sk.ca</u>.

□ 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 <u>PBAccounts@legalaid.sk.ca</u> with the subject line **ECP Request - LSN#**.

