

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#**.

