

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: _____

Client #: _____

Names of co-accused / other parties: _____

Tariff Hours

How many tariff hours are available? _____

Have you used all available tariff hours? Yes 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 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

- Respond to CPS Application for Protection Order**
- Pre-Trial Conference** brief submitted Yes No
Gladue Factors canvassed Yes No
If "no," why not? _____
- CPS Hearing** duration: _____
 of witnesses: _____

Complexities

- Child(ren)'s exceptionalities
 developmental/cognitive/physical impairments Yes No
If yes, provide details: _____

- Client's exceptionalities
- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> cognitive / physical impairments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> mental health/addiction issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> housing instability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> abusive spousal relationship | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Details: _____

- First Nations' Involvement Yes No
- | | | | |
|------------------------------|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> STC | <input type="checkbox"/> FN Child & Family Services | <input type="checkbox"/> Red Bear | <input type="checkbox"/> Other |
|------------------------------|---|-----------------------------------|--------------------------------|

Details: _____

Relevant Factors

- Disclosure from MSS by MSS
 - Expert Evidence required
 - Multiple children parents parties having/seeking 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 other factors not articulated in the above criteria? Yes 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 pboffice@legalaid.sk.ca.

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#**.