



Appeals Assistance Project



Important Information for Applicants to the Project

The Appeals Assistance Project (Project) is administered by Pro Bono Law Ontario (PBLO) in partnership with The Advocates' Society. The Project's mandate is to help find pro bono (free) lawyers for unrepresented, low income litigants appearing before the Court of Appeal, Divisional Court, or the Federal Court of Appeal. PBLO's role is to broker the lawyer/client relationship by conducting intake, screening applications, referring cases, and managing files. PBLO is not mandated to retain the details of the substantive matters of any case or the advice given by a pro bono lawyer.

PBLO administers the Project through the Law Help Ontario centres located at 393 University Avenue in Toronto. Upon receipt of a completed application for assistance, PBLO will evaluate the applicant's financial eligibility. If they are met, PBLO will canvass a roster of lawyers to determine whether a roster lawyer is available to assist. If a roster lawyer decides to assist, PBLO will put the lawyer in touch with the applicant to the Project.

The lawyers on the pro bono roster for the Project participate on a voluntary basis. As such, they have a right to refuse the case for any reason, including but not limited to the existence of a conflict of interest, insufficient resources to carry the file, or a view that there is insufficient merit to the case. Furthermore, if an applicant's file is closed before PBLO identifies a lawyer who will accept the case, PBLO and the roster lawyer may or may not give reasons as to why the case was not accepted by the Project.

PBLO does not guarantee pro bono representation or assistance applicants. Moreover, the time it takes for roster lawyers to determine whether they will accept cases depends on their availability. It may take several weeks before we know if a lawyers has accepted your case.

Please Note: All appellate courts impose time restrictions respecting when the steps in an appeal must be completed. If these time restrictions are not met your rights might be forever lost. Therefore, if you intend to pursue your case, it is imperative that you not delay in moving the case forward on your own, even if a decision in respect of your application to the Project is pending.

Lawyers who accept a case will not charge fees for their services. **However, all disbursements (including court filing fees and fees for transcripts) are your responsibility unless otherwise agreed with the pro bono lawyer, and all cost awards against you are your responsibility without exception.**

Please understand PBLO will not investigate an applicant's matter in detail and will not express any opinion as to its merits or likelihood of success. PBLO's role is to forward complete applications to potential pro bono lawyers so as to enable them to decide if they wish to take on applicants' cases, and to make efforts to find a lawyer to take on the cases. If a lawyer accepts an applicant's case on a pro bono basis, the applicant will be notified in writing.

If an applicant can afford a lawyer, PBLO recommends that a lawyer be retained. For assistance in finding a lawyer and to obtain a free 30 minute consultation, litigants may contact the Lawyer Referral Service at **1-800-268-8326 or, within the GTA, 416-947-3330**. This free service is provided by the Law Society of Upper Canada.



Appeals Assistance Project



Part A: Your Contact Information:

<input type="checkbox"/> Male <input type="checkbox"/> Female	First Name	Last/Family Name	
Address		City	Province
Postal Code	Home Phone	Work Phone	
Cell Phone	Email Address		

What is your Appeal Court File Number?

What Court will be hearing your appeal? Federal Court of Appeal for Ontario
 Superior Court of Justice Divisional Court Court of Appeal for Ontario

Part B: Persons and Companies involved (or potentially involved) in your matter.

Please list all of the Appellants in this matter. (Please include first and last names, company names, and trade names)	Please list all of the Respondents in this matter. (Please include first and last names, company names, and trade names)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

If you need additional space, please add an additional page. See Additional page attached

The following documents have been filed with the Court that is hearing the appeal:	
Notice of Appeal	Yes <input type="checkbox"/> No <input type="checkbox"/>
Appeal Book & Compendium	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exhibit Book	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transcript of Evidence	Yes <input type="checkbox"/> No <input type="checkbox"/>
My Factum	Yes <input type="checkbox"/> No <input type="checkbox"/>
My Certificate of Perfection	Yes <input type="checkbox"/> No <input type="checkbox"/>
The Transcripts have been ordered	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part C: Financial Eligibility – This section must be completed in order to apply for assistance

The number of people in my household, including me, my spouse and dependent children is:

1 2 3 4 5+

My Marital Status: Single Separated Married/Common Law Widowed

Please tell us about your living situation:

- Own your home. If you own, what percentage of equity do you own? _____%
- Rent
- Live with parents
- Other _____

The primary source of my household income is from one or more of the following sources(s):

- Income assistance from Ontario Works,
- Income assistance from Ontario Disability Support Program,
- Family Benefits Act allowance,
- Old Age Security Pension together with Guaranteed Income Supplement,
- War Veterans Allowance
- Canada Pension Plan benefits

Please tell us about your household's employment situation:

- | | |
|---|---|
| <input type="checkbox"/> I am Self Employed | <input type="checkbox"/> My Spouse is Self Employed |
| <input type="checkbox"/> I am Employed | <input type="checkbox"/> My Spouse is Employed |
| <input type="checkbox"/> I am Unemployed | <input type="checkbox"/> My Spouse is Unemployed |
| <input type="checkbox"/> I am Retired | <input type="checkbox"/> My Spouse is Retired |
- My Occupation : _____ My Spouse's Occupation: _____

My Household's Assets:

- I/we have more than \$3000.00 in liquid assets (This includes RRSP's, cash/money)
- I/we own additional properties (cottage, rental properties, etc.)

My Income (Per Month) from all sources

- I receive \$_____ per month from an estate or trust
- I receive \$_____ per month from a rental property
- I receive \$_____ per month from salaries/commissions
- I receive \$_____ per month from other investment sources

My Spouse's Income (Per Month), from all sources

- My spouse receives \$_____ per month from an estate or trust
- My spouse receives \$_____ per month from a rental property
- My spouse receives \$_____ per month from salaries/commissions
- My spouse receives \$_____ per month from other investment sources

My Household's Expenses (Per Month)

- I/we pay \$_____ in child support payments
- I/we pay \$_____ in spousal support payments
- I/we pay \$_____ in rent/mortgage payments
- I/we pay \$_____ in child care fees

Part D: Demographics

What was your highest level of education?

- | | |
|--|--|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> Some University/College |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> University Degree/College Diploma |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Post Graduate Degree |

Is English your first language?

Yes No

Do you need services in another language?

Yes No

If **yes**, what language?

Which age group do you belong to?

- 18 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65+

Part E: Other Questions

1. How did you hear about The Appeals Assistance Project?

- | | | |
|--|---|---|
| <input type="checkbox"/> Walking by the office | <input type="checkbox"/> The Internet | <input type="checkbox"/> A Judge or Master |
| <input type="checkbox"/> Legal Aid Ontario | <input type="checkbox"/> The Law Society | <input type="checkbox"/> A Court Staff Member |
| <input type="checkbox"/> Another Legal Clinic | <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> The Newspaper | <input type="checkbox"/> TV | (please specify) |

2. Is this the first time you tried to get any legal help with this appeal? Yes No

If **no**, what other places have you tried to obtain assistance? (for example Legal Aid Ontario)

Have you been refused Legal Aid in this matter? Yes No

Date of Refusal _____

Reason for Refusal:

3. Do you currently have a lawyer (or other representative) assisting you with this appeal? Yes No

4. If you answered **no**, has a lawyer (that was hired or worked on a contingency arrangement) ever assisted you with this case? Yes No

If **yes**, why is that lawyer not assisting you now?

5. Why are you representing yourself? Make **one** selection only

- I can't afford to hire a lawyer
- I ran out of money to continue paying my lawyer
- I didn't qualify for legal aid, or they said that they couldn't help with my case
- I believe that my case is straightforward and I can handle the case on my own
- I can afford a lawyer, but I don't want to pay a lawyer
- I don't trust lawyers
- My lawyer had himself/herself removed from my case
- I could pay some legal fees, but not all
- Other _____

6. Have ever you tried using the Lawyer Referral Service? Yes No

If **yes**, what was the result?

7. Do you have any other legal cases pending at the moment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8. Have you tried to settle or mediate this case without going to court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9. Do you have access to the internet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10. May we contact you at a later date, and leave a voicemail message, if necessary, to get your feedback about the program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Do you have a copy of the Order that you're trying to appeal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Does the opposing party have a lawyer?	Unsure <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Are you appealing a decision of a Motion?	Unsure <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. What court or Tribunal heard the case that you are trying to appeal? <input type="checkbox"/> Small Claims Court <input type="checkbox"/> Family Court <input type="checkbox"/> Superior Court of Justice <input type="checkbox"/> Landlord and Tenant Board <input type="checkbox"/> <input type="checkbox"/> The decision of an Assessment Officer <input type="checkbox"/> Other Court (Please Specify) _____			
15. Can you afford to pay for transcripts?	Unsure <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. What area of law was the original case that you're trying to appeal?			

Part F: Acknowledgement & Consent Section

1. I **swear/affirm** the information I provided is accurate to the best of my knowledge and belief. I agree to provide financial information and records to Pro Bono Law Ontario, if requested, to confirm the financial information in this application form. I am aware that Pro Bono Law Ontario, its employees, designates, and volunteers may need access to my Court File;
2. I **authorize** Pro Bono Law Ontario, its employees, designates, and volunteers, to access my Court File for the purpose of administering and evaluating Pro Bono Law Ontario and the services offered;
3. I **authorize** Pro Bono Law Ontario, its employees, designates, and volunteers, to photocopy this application and retain a copy on file for record keeping purposes;
4. I **authorize** the Pro Bono Law Ontario, its employees, designates, and volunteers to retain and to provide any information set out in this application and acknowledgement form (including any document I provide, or will provide in the future, to Pro Bono Law Ontario) to any person volunteering to assist me and any lawyer or law firm that Pro Bono Law Ontario considers may agree to assist me, subject to any publication ban that has been imposed in my case; and
5. I **authorize** Pro Bono Law Ontario, its employees, designates, and volunteers, to send my name, and the names of all of the parties I provided, or will provide in future, to the lawyer's law firm to verify if conflicts of interest may exist.
6. I **authorize** any lawyer who, as part of the Appeals Assistance Project, is considering whether or not he or she will provide me with pro bono assistance on my appeal, to access the transcripts of the trial proceedings from which this appeal arises, in whatever format those transcripts are available.

Applicant's Signature

Today's Date

I further acknowledge the following:

1. There is no guarantee that The Appeals Assistance Project will accept my case;
2. If my case is not accepted, I may not be told why my case was not accepted;
3. The Appeals Assistance Project does not grant assistance to applicants but merely acts an intermediary between the public and the legal profession;
4. It is my responsibility to negotiate the terms upon which I engage any lawyer/firm introduced to me by the project;
5. The Project Coordinator cannot provide legal advice; and
6. I shall have no right of action against The Advocates' Society, Pro Bono Law Ontario, their respective Boards, staff or volunteers (other than the lawyers participating in this project) in any event arising from this application or any assistance obtained from a lawyer/firm referred by The Appeals Assistance Project.

Applicant's Signature

Today's Date

If a lawyer assisted you in the past, please complete this section:

My previous lawyer's name is: _____

My previous lawyer's phone number is: _____

I authorize Pro Bono Law Ontario, its employees, designates, and volunteers to contact my former lawyer to discuss my case. Yes No

Applicant's Signature

Today's Date

Attached Documents:

If you have a copy of the Order that you're trying to appeal, please include it in your application form. Please do not include any other documents with your application

You must also include any document that indicates the status of any application you have made to Legal Aid Ontario in respect of your appeal.

Please do not include any other documents with your application. Thank you.

You may fax this application form to: 416-597-8984

You may also mail this application or deliver it in person to:

**Law Help Ontario
393 University Avenue, Suite 110
Toronto, Ontario M5G 1E6**