

**A. INFORMATION REGARDING CURRENT CHARGES AND CRIMINAL RECORD**

ACCUSED'S NAME: \_\_\_\_\_ M / F D.O.B. \_\_\_\_\_

CURRENT/PENDING CHARGES?

EVER BEEN IN CUSTODY BEFORE? [Y / N] EVER BEEN OUT ON BAIL BEFORE? [Y / N]

*\*If possible, review client's file before asking questions on this point - try to get the client's side of the story on each and every pending charge against them.*

POSITION ON CHARGES:

**B. INFORMATION REGARDING CLIENT'S BACKGROUND**

ADDRESS: \_\_\_\_\_

TELEPHONE NO. (h) \_\_\_\_\_ (m) \_\_\_\_\_ (w) \_\_\_\_\_

EDUCATION HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. REVIEW POSSIBLE BAIL CONDITIONS WITH CLIENT**

SURETIES? Y/N - NAME: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ABLE TO MAKE A DEPOSIT? Y/N AMOUNT: \_\_\_\_\_

PLACE OF RESIDENCE: \_\_\_\_\_

OWNER OF RESIDENCE: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_

RELATIONSHIP TO CLIENT: \_\_\_\_\_

DRUG or ALCOHOL ISSUES? Y/N \_\_\_\_\_

WILLINGNESS TO ENTER INTO A TREATMENT PROGRAM? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. MISCELLANEOUS**

NEXT COURT APPEARANCE DATE: \_\_\_\_\_

NOTE: If client is potentially a legal aid client - get them to fill out a LEGAL AID APPLICATION & an AUTHORIZATION for the institution that you are at.

## **BAIL INTERVIEW**

### **GENERAL BACKGROUND:**

Interviewed by: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Client Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Alternate Addresses: \_\_\_\_\_

Client's Phone: \_\_\_\_\_

Other Contacts: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Children: \_\_\_\_\_

Education: \_\_\_\_\_

Current Employment: \_\_\_\_\_

### **PRIMARY/SECONDARY GROUND ISSUES:**

Roots in the Community: \_\_\_\_\_

Prior Compliance with Court Orders: \_\_\_\_\_

On Probation: \_\_\_\_\_ On Parole: \_\_\_\_\_

Surety/Cash Bail: \_\_\_\_\_

Other Considerations: \_\_\_\_\_

Apparent Strength of Crown's Case: \_\_\_\_\_

### **THE CLIENT'S POSITION:**

### **CONFIRMATION OF BAIL PLAN:**

Address: \_\_\_\_\_

Job: \_\_\_\_\_

Cash/Surety: \_\_\_\_\_

Residential Treatment Program: \_\_\_\_\_

**GLADUE FACTORS:**

**Some background questions that should be considered:**

- **Born where?**
- **Raised where?**
- **Father from where?**
- **Mother from where?**
- **Languages spoken?**
- **Ever in CFS care?**
- **Family history of residential school attendance?**
- **Displacement issues?**
- **Dislocation from culture/family?**
- **Family/community breakdowns?**
- **Alcohol/substance abuse issues?**
- **Exposure to violence/abuse?**
- **Exposure to discrimination/racism?**
- **Highest level of education completed?**
- **Availability of educational opportunities?**
- **Employment opportunities/history?**
- **Poverty issues?**

[illegible]

**DECISION ON BAIL APPLICATION:**

**Date of Hearing:** \_\_\_\_\_

**Courtroom:** \_\_\_\_\_

**Lawyer Attending:** \_\_\_\_\_

**Judge:** \_\_\_\_\_

**Crown:** \_\_\_\_\_

**Please check off all that apply:**

- ☐ **Remanded without a Bail Application**
- ☐ **No Contact Order made while in custody (without making a bail application), s. 516(2)**

**CONDITIONS OF RELEASE:**

- ☐ O/R \$ \_\_\_\_\_
- ☐ Own undertaking
- ☐ Surety \$ \_\_\_\_\_ Named: \_\_\_\_\_
- ☐ Cash deposit \$ \_\_\_\_\_
- ☐ Personal Appearances
- ☐ Reside at \_\_\_\_\_
- and \_\_\_\_\_
- ☐ Not to move without consent of the court
- ☐ Notify the court of any change of address
- ☐ Keep the peace and be of good behaviour
- ☐ Not to leave the City of Winnipeg
- ☐ Surrender passport
- ☐ AFM/NADAP assessment within \_\_\_\_\_ days and complete counselling as directed
- ☐ Abstain alcohol / drugs / intoxicants
- ☐ Not to attend anywhere liquor is sold, except restaurants
- ☐ Weapons prohibition, except: \_\_\_\_\_
- ☐ No cell phone/telecommunication device
- ☐ No contact/communication with \_\_\_\_\_
- Except: \_\_\_\_\_
- ☐ Report to bail supervision/ \_\_\_\_\_ RCMP within \_\_\_\_\_ days of release and then \_\_\_\_\_
- ☐ Report to \_\_\_\_\_ within \_\_\_\_\_ days of release
- ☐ Not to attend within \_\_\_\_\_ of:
  - ☐ Specified address: \_\_\_\_\_
  - ☐ Residence/Place of Employment/Place of Worship
  - ☐ Town/City of \_\_\_\_\_
- of: \_\_\_\_\_
- ☐ or any other place he/she may be
- ☐ Release to reside at:
  - ☐ Behavioural Health Foundation
  - ☐ Teen Challenge
  - ☐ Other program: \_\_\_\_\_
- ☐ Abide by rules and regulations of the program, complete program, etc.
- ☐ Release only to:
  - ☐ Representative of \_\_\_\_\_
  - ☐ Other specified person: \_\_\_\_\_
- ☐ Curfew of: \_\_\_\_\_
  - ☐ Subject to police curfew checks: In person By telephone
  - ☐ Exceptions: \_\_\_\_\_
- ☐ \_\_\_\_\_
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- ☐ \_\_\_\_\_

DATE: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

CRIMINAL CASE

1. NAME IN FULL: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_
3. TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_
4. AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
5. PLACE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_
6. MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_
7. CHILDREN - NUMBER \_\_\_\_\_ AGES: \_\_\_\_\_
8. FAMILY BACKGROUND AND OCCUPATIONS: \_\_\_\_\_  
\_\_\_\_\_
9. EDUCATION: \_\_\_\_\_
10. CHURCH OR OTHER ACTIVITY: \_\_\_\_\_
11. OCCUPATION: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_
12. NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_
13. INCOME: \_\_\_\_\_ PROPERTY: \_\_\_\_\_
14. RECORD - ADULT/YOUTH: \_\_\_\_\_  
\_\_\_\_\_
15. CHARGE(S) \_\_\_\_\_  
\_\_\_\_\_
16. REMAND DATE: \_\_\_\_\_ COURT: \_\_\_\_\_
17. BAIL: \_\_\_\_\_
18. RETAINER: \_\_\_\_\_
19. DATE OF CONVICTION/SENTENCE: \_\_\_\_\_

## CUSTODY CALL

Date & Time of Call: \_\_\_\_\_

Call taken by: \_\_\_\_\_

Client Name: \_\_\_\_\_ Lawyer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

New Charges: \_\_\_\_\_

Pending Charges: \_\_\_\_\_

Client Currently Where? \_\_\_\_\_

Arrested When? \_\_\_\_\_

Statement Made Already? \_\_\_\_\_

Advised to not make a (further) statement? \_\_\_\_\_

Police / Crown Opposed to Release? \_\_\_\_\_

If YES, 1<sup>st</sup> Bail Court Appearance is: \_\_\_\_\_

If NO, client released by: Police (     ) Magistrate (     ) Crown (     )

Conditions of Release (if known): \_\_\_\_\_

1<sup>st</sup> Court Appearance after release: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Lawyer Video Interview (LVI) Service

Rather than driving out to an institution or trying to meet your client in lockup before court, you can, **from your office**, meet face-to-face with clients housed at:

**Agassiz Youth Centre**  
**Brandon Correctional Centre**  
**Headingley Correctional Centre**  
**Manitoba Youth Centre**

**Milner Ridge Correctional Centre**  
**Women's Correctional Centre**  
**The Pas Correctional Centre**  
**Winnipeg Remand Centre**

## Convenient:

- Available from your office or home
- Allows sharing of photos, documents and audio/video evidence
- Easy to use
- Free training that takes only a few minutes is provided as part of set-up

## Secure:

- Clients are left alone in the interview room
- Data is transmitted entirely outside the government network
- Service is encrypted and provided by independent, 3<sup>rd</sup> party online solution provider [www.gotomeeting.com](http://www.gotomeeting.com)

## How to get access:

Contact Daniel Rempel at [LVI@gov.mb.ca](mailto:LVI@gov.mb.ca) or (204) 391-7430 to arrange for a brief demonstration during which the necessary software will be installed on your computer. This is done remotely any time during normal office hours. The only requirements are a PC or Mac computer equipped with a webcam. A headset or headphones are also recommended.

# LAWYER VIDEO INTERVIEW SCHEDULING CONTACTS AND AVAILABLE HOURS- REVISED MARCH 1, 2021

Centre	Weekday contact (M-F)	Weekend contact	Hours available for LVI
HCC	<a href="mailto:HCC.LVI@gov.mb.ca">HCC.LVI@gov.mb.ca</a> Ph: (204) 831-4610 Time: 09:00-21:00	<a href="mailto:HCC.LVI@gov.mb.ca">HCC.LVI@gov.mb.ca</a> Ph: (204) 831-4610 Time: 09:00-21:00	Every day: 8:00 am – 10:00 pm
MRCC	<a href="mailto:MRCC.LVI@gov.mb.ca">MRCC.LVI@gov.mb.ca</a> Ph: (204) 268-7362 Time: any time	<a href="mailto:MRCC.LVI@gov.mb.ca">MRCC.LVI@gov.mb.ca</a> Ph: (204) 268-7362 Time: any time	Every day: 8:00 am – 10:00 pm
WCC	<a href="mailto:WCC.LVI@gov.mb.ca">WCC.LVI@gov.mb.ca</a> Ph: (204) 948-8813 Time: 08:00-15:30	<a href="mailto:WCC.LVI@gov.mb.ca">WCC.LVI@gov.mb.ca</a> Ph: (204) 948-8825/8827 Time: after hours/wknds	Every day: 10:00 am – 10:00 pm
AYC	<a href="mailto:AYC.LVI@gov.mb.ca">AYC.LVI@gov.mb.ca</a> Ph: (204) 239-3016 Time: 08:00-16:00	<a href="mailto:AYC.LVI@gov.mb.ca">AYC.LVI@gov.mb.ca</a> Ph: (204) 239-3026 Time: after hours/wknds	Every day: 8:30 am – 9:30 pm
BCC	<a href="mailto:BCC.LVI@gov.mb.ca">BCC.LVI@gov.mb.ca</a> Ph: (204) 725-3532 Time: 08:00-16:00	<a href="mailto:BCC.LVI@gov.mb.ca">BCC.LVI@gov.mb.ca</a> Ph: (204) 725-3532 Time: after hours/wknds	Monday-Friday: 7:00 am – 10:30 pm Sat/Sun/Holiday: 8:00 am – 10:30 pm
MYC	<a href="mailto:MYC.LVI@gov.mb.ca">MYC.LVI@gov.mb.ca</a> Ph: (204) 928-7176 Time: 07:00-23:00	<a href="mailto:MYC.LVI@gov.mb.ca">MYC.LVI@gov.mb.ca</a> Ph: (204) 928-7159 Time: after hours/wknds	Every day: 9:00 am – 9:30 pm
TPCC	<a href="mailto:TPCC.LVI@gov.mb.ca">TPCC.LVI@gov.mb.ca</a> Ph: (204) 627-8407 Time: 08:00-16:00	<a href="mailto:TPCC.LVI@gov.mb.ca">TPCC.LVI@gov.mb.ca</a> Ph: (204) 627-8414 Time: after hours/wknds	Monday: 6:00 pm – 10:00 pm Tuesday/Thursday: 9:00 pm – 10:00 pm Wednesday: 1:00 pm – 4:30 pm, 6:00 pm – 10:00 pm Friday: 9:00 am – 11:00 am, 1:00 pm – 4:30 pm, 6:00 pm – 10:00 pm Saturday/Sunday: 10:30 am-12:30 pm, 3:00 pm-4:30pm, 6:00 pm-10:00 pm
WRC	<a href="mailto:WRC.LVI@gov.mb.ca">WRC.LVI@gov.mb.ca</a> Ph: (204) 945-0602 Time: 07:00-15:00	<a href="mailto:WRC.LVI@gov.mb.ca">WRC.LVI@gov.mb.ca</a> Ph: (204) 945-1960 Time: 08:00-16:00	Monday-Friday: 0800-1130, 1300-1630, 1800-2200 Sat/Sun/Holiday: 0800-1030, 1200-1600, 1800-2200

## INSTRUCTIONS FOR USING GOTOMEETING

Note: actions that you need to perform are **bolded and underlined**.

- 1) Use the above contact information to **schedule an interview time** with your client.

- 2) The correctional institution will send you a meeting request for the scheduled time. **Accept this invitation** to have it placed on your calendar if your e-mail software supports that capability.

- 3) When the appointed time arrives, **Click on the link** in the e-mail or calendar item. You may wish, shortly before this, to pull up any materials on screen that you intend to share with your client, so that you have them ready.

**For LAM offices:** LAM workstations do not support GoToMeeting. You will need to use a webcam-equipped, internet-connected computer running Windows or Mac OS. Launch a web browser and **go to [www.joingotomeeting.com](http://www.joingotomeeting.com) and enter the 9-digit meeting code** which is also contained in the meeting invitation. This can also be done on an Android or iOS smartphone or tablet if you have installed the GoToMeeting app.

- 4) The GoToMeeting software will now load on your system. If you have not previously used GoToMeeting it will go through a number of steps and may require you to authorize certain steps. **You must click OK or Yes** to each of those steps. On Macs it may be necessary to locate the downloaded file and run it yourself – on PCs the installer runs automatically.

- 5) A window may pop up indicating that the meeting is waiting for the organizer to start. This may last for a few seconds to a few minutes. You **do not need to do anything** at this point.

- 6) When the connection is established, a dialog will pop up asking how you want to be identified for this session. You should **enter your name** as you want it to appear to your client but it is not necessary to enter your e-mail address. If you **check the box to remember this for future sessions** this step can be skipped in the future, but you may not wish to do this if it is a shared computer.
- 7) Shortly you will see the GoToMeeting control panel appear on the right side of your screen and a video feed from the institution.
- 8) On the control panel, **click the button that starts sharing your webcam**. This is located on the GoToMeeting controls just below the green microphone button in the thin vertical strip of buttons.
- 9) On the video feed, there is a maximize button that will switch the video feed to full screen. **Click this IF** you want a larger view.
- 10) The **control panel should hide itself** automatically after about a minute, but you can hide it sooner with the orange arrow button.
- 11) If you plan on sharing any documents, pictures or video from your computer, **ask the correctional staff to make you a presenter** for the call. When they make you a presenter, a window will pop up advising you of this fact and asking what you would like to share. You should just **click X on this window** because you may not want to share anything while the officer is still in the room. You will be able to share your desktop at any time using the control panel. Note that the only option for Mac users is to share the entire desktop, while PC users may choose to share just a single application.
- 12) Please stay on the call until a correctional officer re-enters the room. This allows correctional staff to take any feedback on your experience.





**Justice**

Winnipeg Remand Centre  
141 Kennedy Street  
Winnipeg, Mb.  
R3C 4N5

January 25, 2022

**LEGAL AID /LAWYER PHONE ACCESS TO CLIENTS - Updated**

The Winnipeg Remand Centre (WRC) has adjusted the dedicated lawyer phone program to further assist Legal Aid and Lawyers in speaking with applicants/clients.

The cordless phones that were added to several living units within WRC in July 2021 for Lawyer access to clients have worked well based on feedback we have received. These additional phones have reduced the demand on the 3 dedicated phones on the main floor, and have increased the overall number of timeslots available to lawyers.

In September 2021 the timeslots were changed to 20 minutes at the request of Counsel. We have just changed the timeslots back to 30 minutes, as 20 minutes did not allow sufficient time operationally to facilitate the calls.

Please note the following:

- **As of January 25, 2022 - 30 minute timeslots have been established for the unit based cordless phones.**
- **Bookings for timeslots on all the lawyer phones will be accepted until 7pm daily.**
- **To book a timeslot please call 204-945-1960.**

**\*\*\*Please be aware that WRC will do our best to ensure the inmate is provided a cordless phone for the identified timeslot. We are not able to compel the inmate to make the call though.**

**\*\*\*Please do not contact WRC regarding a missed call until after the entire timeslot has expired. At that time we will endeavor to determine what occurred, and can re-schedule for you.**

Thank you.



**Justice**

Winnipeg Remand Centre  
141 Kennedy Street  
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R3C 4N5

January 25, 2022

**LEGAL AID /LAWYER LVI ACCESS TO CLIENTS**

Please note the following process for access to the Lawyer Video Interview (LVI) process at The Winnipeg Remand Centre (WRC):

- Contact [WRC.LVI@gov.mb.ca](mailto:WRC.LVI@gov.mb.ca) to book an appointment.
- **LVI appointments are available:**
  - Monday to Friday 0800-1130, 1300-1600, 1800-2200.
  - Saturday, Sunday and Holidays 0800-1030, 1200-1600, 1800-2200.
- **Inquiries may be directed to:**
  - 204-945-0602 Monday to Friday between 0700hrs and 1500hrs.
  - 204-945-1960 Saturday and Sunday between 0800hrs and 1600hrs.

Thank you.

### **Taking an Application over the phone/applicant in custody unable to sign**

There are situations where an applicant may be unable to have an application taken in person, or to sign an application while in custody.

#### **Procedure:**

Where an application is taken (in writing) over the phone, or in person but the applicant cannot sign, the interviewer will read the entire backing and waivers on the legal aid application to the applicant. The applicant must confirm that he/she is agreeing to the conditions and would sign the application. The verbatim responses by the applicant must be recorded by the interviewer. An Attestation form (attached) is completed by the interviewer.

Alternatively, a faxed/scanned or electronically reproduced signature is acceptable.

## **ATTESTATION**

**(to be used only if Applicant cannot sign)**

Date: \_\_\_\_\_

I, \_\_\_\_\_ interviewed \_\_\_\_\_  
(name of interviewer) (applicant)

for the purposes of taking a legal aid application and that such application was taken in writing.

In completing the application I read the Declaration and Understanding, Consent and Release and Privacy Statement in their totality to the above applicant. I verify and attest that the applicant's responses are as noted below:

Declaration and Understanding:

Consent and Release:

Privacy Statement:

The applicant confirmed he/she will sign the application if it can be provided to him/her.

Interviewer's Signature: \_\_\_\_\_



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST MIDDLE YEAR MONTH DAY

☐ Male ☐ Female ☐ Other: \_\_\_\_\_

Address for contact: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
HOME CELL

Language of choice: ☐ English ☐ French ☐ Other Corrections PIN: \_\_\_\_\_ Contact me by: ☐ Regular mail ☐ Email

People of Indigenous descent, visible minorities, and persons with disabilities are invited to voluntarily identify. Your identity will be kept confidential but may be used for statistical analysis and reporting to improve services.

☐ Indigenous ☐ Person with a Disability ☐ Visible Minority  
Persons of North American Indigenous Ancestry including First Nation, Status and Non-Status Indians, Inuit and Métis  
Persons who have a long-term or recurring impairment  
Persons other than Indigenous people, who because of their race or colour, are a visible minority

Is there anything that makes it difficult for you to access our services (i.e. childcare, physical or mental disability?) ☐ Yes ☐ No

Please describe: \_\_\_\_\_

Newcomer to Canada ☐ Yes ☐ No Date you arrived in Canada: \_\_\_\_\_ Date you arrived in MB: \_\_\_\_\_  
Less than one year

Immigration Canada Unique Client Identification (UCI): \_\_\_\_\_  
*(May be provided to the Province of Manitoba to coordinate benefits and prevent fraud.)*

Have there been previous applications for legal aid? ☐ Yes ☐ No Under a different name? \_\_\_\_\_

☐ Legal Aid to appoint Lawyer requested: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Have you already had a lawyer on this case? ☐ Yes ☐ No Lawyer's name: \_\_\_\_\_

Date lawyer started acting: \_\_\_\_\_ Amount billed to date: \_\_\_\_\_ Amount paid to date: \_\_\_\_\_

Purpose of Application: \_\_\_\_\_

Next hearing date: \_\_\_\_\_  
TIME DATE COURT TYPE OF HEARING

**APPLICANT'S INCOME**

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ For how long? \_\_\_\_\_

Hourly rate: \_\_\_\_\_ Paid: ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

Gross monthly pay: \_\_\_\_\_ Take-home monthly pay: \_\_\_\_\_

☐ Full-time ☐ Part-time Hours per week: \_\_\_\_\_ ☐ Seasonal Weeks per year: \_\_\_\_\_

Social Assistance? ☐ Yes ☐ No Office: \_\_\_\_\_ Case No.: \_\_\_\_\_ Began? \_\_\_\_\_

Ward of CFS Agency? ☐ Yes ☐ No Total income in the last 12 months: \_\_\_\_\_

Employment Insurance gross weekly amount: \_\_\_\_\_ Began? \_\_\_\_\_ Ends? \_\_\_\_\_

Workers Compensation gross weekly amount: \_\_\_\_\_ Began? \_\_\_\_\_ Ends? \_\_\_\_\_

Monthly child and spousal support payable to you: \_\_\_\_\_ Date last payment received: \_\_\_\_\_

Name of the payor: \_\_\_\_\_ Amount received in the last 12 months: \_\_\_\_\_

If no income is noted above, please explain how you pay for daily food and shelter: \_\_\_\_\_

**SPOUSE (OR PARTNER) WITH WHOM APPLICANT IS LIVING:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YEAR MONTH DAY

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Hourly rate: \_\_\_\_\_ For how long? \_\_\_\_\_

Gross monthly pay from all sources (employment, employment insurance, disability insurance, Workers Compensation, pensions, child support etc.): \_\_\_\_\_

Monthly child and spousal support being paid by your spouse: \_\_\_\_\_ Date of last payment: \_\_\_\_\_

How long have the parties been living together? \_\_\_\_\_

*The Applicant and their spouse/partner may be required to provide their most recently filed Income Tax Return, their last Income Tax Assessment Notice and three most recent and consecutive paystubs. If farming or self-employed, a detailed statement of income, expenses, assets and liabilities must also be provided.*



**CRIMINAL AND YOUTH CASES ONLY**

Name of Complainant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YEAR MONTH DAY

In custody? ☐ Yes ☐ No Where? \_\_\_\_\_ ☐ Summary ☐ Indictable ☐ Hybrid

Bail application done? ☐ Yes ☐ No Result? \_\_\_\_\_

Community Agency (Probation/ Mental Health etc.) Contact(s): \_\_\_\_\_

Does requested law firm represent co-accused? ☐ Yes ☐ No Who? \_\_\_\_\_

Have you entered a plea? ☐ Yes ☐ No

Incident Number on your Summons: \_\_\_\_\_

Police Agency: \_\_\_\_\_

Offence Date: \_\_\_\_\_

☐ I consent to Legal Aid Manitoba releasing my information to the University of Manitoba Community Law Centre if my application is rejected/refused.

*A copy of each police summary, criminal record, all informations/indictments are required for assessment and must be attached.*

**FAMILY/CIVIL CASES ONLY**

Person/Agency against whom relief is being sought: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YEAR MONTH DAY

Address for contact: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
Estimate

Alternate contact for Respondent: \_\_\_\_\_

His/Her Lawyer: \_\_\_\_\_ Has the Respondent received legal aid in the past? ☐ Yes ☐ No ☐ Unknown

Date cohabitation started: \_\_\_\_\_ Place & Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

In consideration of Legal Aid Manitoba (LAM) retaining a lawyer to act on my behalf, I agree as follows (Please initial beside each point):

Initial To the extent that it is appropriate to do so, I shall try to resolve my family law matters through a family dispute resolution process which may include (but is not limited to) 4-way settlement meetings, mediation and/or collaborative law before instructing my lawyer to proceed to contested litigation.

Initial To the extent that it is appropriate to do so, and/or required by law, I shall attend and complete the "For the Sake of the Children" parent information program operated by the government of Manitoba. Upon completion of the parent information program, I shall provide my lawyer with a copy of the certificate of attendance.

Initial I shall deal with my assigned lawyer in good faith and shall provide my assigned lawyer all necessary and reasonable information requested including (but not limited to) the following financial information:

- income tax returns for each of the three most recent tax years;
- notices of assessment and reassessment from the Canada Revenue Agency for each of the three most recent tax years;
- the most recent statement of earnings or pay slip showing year-to-date earnings, or a letter from my employer stating my salary or wages;
- financial statements if I am self-employed or control a corporation;
- information on income received from employment insurance, workers' compensation, disability payments, and social or public assistance.

Initial I acknowledge and agree that I will take all steps in my power to:

- Reduce any conflict between myself and the opposing party;
- Avoid actions that would expose any child of the relationship to conflict that arises;
- Promote co-operative solutions, wherever appropriate;
- Maintain and continue all insurance coverage without change in coverage or beneficiary; and
- Ensure all steps and actions I take protect the best interests of the child(ren).

Initial I acknowledge and agree that while my legal aid certificate is active, I will not:

- Dispose of any assets of the relationship except by an agreement in writing;
- Harass, belittle or denigrate the other party;
- Instruct my lawyer to take a position that is unreasonable or contrary to the best interest of the child(ren) of the relationship.

**OR**

Initial I do not agree to the above conditions. (The application may be rejected and coverage refused).

*Please provide a copy of any court order or agreement now in place. A legal opinion must be provided respecting each purpose listed above.*

**CHILD PROTECTION CASES ONLY**

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YEAR MONTH DAY

Apprehended Childrens' Names and DOBs; Biological Father(s) and DOB(s):

Name	DOB	Biological Father	Biological Father's DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CFS Agency(s): \_\_\_\_\_ Other: \_\_\_\_\_

Social Worker(s): \_\_\_\_\_ Type of Order sought: \_\_\_\_\_



**OTHER PERSONS LIVING WITH THE APPLICANT** (Name, Date of Birth, Age and Relationship)☐ None, or:

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

**FAMILY EXPENSES** (Please provide information for the family)

Rent: \_\_\_\_\_ Monthly cost of childcare: \_\_\_\_\_

Monthly child/spousal support payable by you: \_\_\_\_\_ Date of last payment: \_\_\_\_\_

Support paid to: \_\_\_\_\_ Amount paid in the last 12 months: \_\_\_\_\_

**DEBTS (over \$1,000):** Who do you owe money to and how much?

	Total	Payments	Joint/Sole
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**FAMILY ASSETS** (Please provide information for the family)☐ None Cash or Savings: \_\_\_\_\_Vehicle(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
YEAR AND MAKE VALUE YEAR AND MAKE VALUE YEAR AND MAKE VALUERecreational Vehicle/Trailer(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_  
YEAR AND MAKE VALUE YEAR AND MAKE VALUEInvestments (RRSPs, RESPs, other investments, trust funds, etc.): \_\_\_\_\_ Locked-in? ☐ Yes ☐ NoOther financial resources the family may be entitled to now or in the near future? ☐ Yes ☐ No

If any investments or other financial resources, please provide amounts and maturity date(s):

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Family home: ☐ Address as above, or: \_\_\_\_\_

In whose name?: \_\_\_\_\_ Purchased when? \_\_\_\_\_ Purchase price: \_\_\_\_\_

Current value: \_\_\_\_\_ Mortgage amount: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Does the family own or have an interest in any other real property of any kind? ☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

☐ I know that Legal Aid Manitoba will file a lien(s) against any land in which I have any interest for an amount equal to the cost of the legal aid provided before and after the filing of the lien.☐ I do not consent to Legal Aid Manitoba filing a lien(s) against any land which I own or in which I have an interest. (The application may be rejected and coverage refused.)

Reason: \_\_\_\_\_

**YOUTH CASES ONLY**

Name of custodial parent or guardian: \_\_\_\_\_

Parent or Guardian's address: ☐ Same, or: \_\_\_\_\_

CFS Agency: \_\_\_\_\_

Status: ☐ Temporary Ward ☐ Permanent Ward ☐ Other

Social Worker's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

*If the youth is not a ward, the family income, expenses and assets sections must be completed. A young person completing an application for legal aid is entitled to the assistance of a parent, adult relative, or other appropriate adult of their choice.*

**APPLICATION FEE**

Has the \$25.00 application fee been collected? ☐ Yes ☐ No (Cash, money order or lawyer's cheque only.) Receipt No.: \_\_\_\_\_

Has an Assignment Form been filed with a correctional institution? ☐ Yes ☐ No Institution: \_\_\_\_\_

No application fee has been paid because the applicant:

- |  |  |
|--|--|
| <input type="checkbox"/> has, or has just applied, for social assistance                                     | <input type="checkbox"/> is a youth whose parents receive full or partial social assistance                  |
| <input type="checkbox"/> is a full-time student in receipt of student aid                                    | <input type="checkbox"/> is a youth in custody   |
| <input type="checkbox"/> is in custody and receiving social assistance at arrest                             | <input type="checkbox"/> is in a women's shelter   |
| <input type="checkbox"/> is granted court-appointed counsel under the CFS Act or the YCJA                    | <input type="checkbox"/> is in a mental health facility  |
| <input type="checkbox"/> is a youth who is a ward (VPA, temporary, permanent order) of a child caring agency | <input type="checkbox"/> is in receipt of disability payments, composing more than 75% of their gross income |

**DECLARATION AND UNDERTAKING**

The information provided in this application is true to the best of my knowledge and belief. I have not omitted any information that might affect my eligibility for legal aid. I undertake to immediately report any change in my circumstances which might affect my eligibility for legal aid.

*It is a serious matter to make a false statement on your application for legal aid. A false statement may lead to cancellation of legal aid, an action to recover monies paid or payable on your behalf, and/or prosecution.*

**PRIVACY STATEMENT**

The information on this form is required by *The Legal Aid Manitoba Act* for the purposes of:

- assessing eligibility for legal aid coverage, administering legal aid coverage, and/or deciding any appeals from refusals;
- ensuring timely legal assistance is provided to eligible applicants; and
- evaluating the quality, cost effectiveness, efficiency and proper administration of services provided by Legal Aid Manitoba.

Information provided is protected by one or more of *The Legal Aid Manitoba Act*, *The Freedom of Information and Protection of Privacy Act* and *The Personal Health Information Act*. For more information about your file contact your local legal aid office or the Tracing Department at tracing@legalaid.mb.ca, 4th floor - 287 Broadway, Winnipeg, Manitoba, R3C 0R9, telephone: 204.985.8506 (toll-free 1-800-261-2960). For general information please visit [www.legalaid.mb.ca](http://www.legalaid.mb.ca).

**CONSENT AND RELEASE**

I consent to Legal Aid Manitoba advising the court I have applied for legal aid and the status of my legal aid application and coverage.

For the purpose of assessing this application, the Area Director of Legal Aid Manitoba and his/her designate is authorized to:

- obtain, inspect and copy financial information and records held by any trust company, bank, or other financial institution or agency;
- obtain, inspect and copy eligibility and financial records held by the Workers Compensation Board, the Employment Insurance Commission, Canada Revenue Agency, or any other federal, provincial or municipal government agency;
- contact me, or otherwise access and use the information provided herein, for the purposes of evaluating the quality, cost-effectiveness, efficiency and administration of the services provided by Legal Aid Manitoba; and
- make such other inquiries as may be necessary to verify the information provided herein.

A photocopy of this signed Consent and Release is sufficient to authorize any such disclosure.

My signature or mark below means:

- I understand what is written above.
- I am making the solemn Declaration and Undertaking as set out above
- I consent to Legal Aid Manitoba using and releasing the information herein for the purposes set out above.
- I acknowledge that my choice of counsel, including the choice to have legal aid appoint counsel for me, is binding on me. I am required to accept, and make good-faith efforts to work with, counsel appointed by Legal Aid Manitoba. Failure to do so may result in cancellation of my Legal Aid Certificate.

Signed at \_\_\_\_\_, Manitoba, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF THE APPLICANT

\_\_\_\_\_  
INTERVIEWER

(PLEASE PRINT)

INTERPRETER

I, \_\_\_\_\_, certify that the contents of this application were fully explained to the applicant in the applicant's language of choice.

\_\_\_\_\_  
SIGNATURE OF THE INTERPRETER

**ASSIGNMENT FOR LEGAL AID MANITOBA  
APPLICATION FEE**

This part should be completed when the application is taken and give to Institution staff.

INSTITUTION: \_\_\_\_\_

INMATE NAME: \_\_\_\_\_

This part should be completed at the time of the interview.

I authorize payment of \$25.00 from my trust account to Legal Aid Manitoba to cover the application fee for Legal Aid.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

This part should be completed by the Records Department of the institution.

☐ Account Debited \$25.00 or \$\_\_\_\_\_ where less than \$25.00.

OR

☐ The inmate's fund does not have sufficient funds available for the debit and the form is being returned, unpaid to Legal Aid.

For the Institution: \_\_\_\_\_

Date: \_\_\_\_\_

Form and funds to be sent to:  
Legal Aid Manitoba - Accounts Receivable  
4<sup>th</sup> Floor, 287 Broadway  
Winnipeg, MB R3C 0R9

[illegible]

**Request for Appointment of Counsel under section 25 of the  
Youth Criminal Justice Act (YCJA)**

I \_\_\_\_\_, DOB \_\_\_\_\_, a young person within the meaning of the *Youth Criminal Justice Act* (YCJA), am charged with an offence(s) under that Act and wish to have a lawyer represent me.

However, before today, I have been "unable to do so" because:

- I am unable to afford to hire a lawyer;
- My family or guardian is unable or unwilling to hire a lawyer for me; and
- My application to Legal Aid Manitoba has been refused or I have been told that an application would likely be refused.

I therefore request that the Youth Justice Court appoint counsel for me. I have no choice of counsel \_\_\_\_\_, or, I request that \_\_\_\_\_ be appointed to represent me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

First Court Appearance \_\_\_\_\_

Name of Pre-trial Coordinator \_\_\_\_\_

---

**Direction for Appointment of Counsel**

I, \_\_\_\_\_, a Judge of the Youth Justice Court, direct that \_\_\_\_\_ be represented by counsel under section 25(4) of the YCJA.

Date \_\_\_\_\_ Signature \_\_\_\_\_



**AUTHORIZATION TO RELEASE INFORMATION**

TO:

I, \_\_\_\_\_,  
(D.O.B.: \_\_\_\_\_), authorize and direct you to provide any and all  
information and documentation as may be requested by my lawyers at the law firm of  
**PHILLIPS AIELLO, 668 Corydon Avenue, Winnipeg, Manitoba, R3M 0X7, Telephone**  
**(204) 949-7700, Fax (204) 475-9675 or (204) 452-0922,** and this document or a photocopy or  
fax copy of it is your full and sufficient authority to do so.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name -

**COURT TRIAL NOTICE**

**AVIS DE PROCÈS**

NAME / NOM \_\_\_\_\_

OFFENCE / INFRACTION \_\_\_\_\_

THE TRIAL of the charge to which you have entered a plea of NOT GUILTY will be heard by the Judge on

Le juge présidera le procès relatif à l'accusation pour laquelle vous avez inscrit un plaidoyer de NON-CULPABILITÉ

the / le \_\_\_\_\_, at / à \_\_\_\_\_ (M.) / heures  
(day / jour) (month / mois) (year / année)

IN PROVINCIAL COURT / À LA COUR PROVINCIALE

Court Room / dans la salle d'audience \_\_\_\_\_

☐ 408 York Avenue, Winnipeg, Manitoba / 408, avenue York, Winnipeg (Manitoba) 945-3454

☐ \_\_\_\_\_

**ELECTION/CHOIX**

☐ Provincial Judge / Juge provincial

☐ Judge Alone / Juge seul

☐ Judge & Jury / Juge et jury

If you wish to change your plea from NOT GUILTY to GUILTY, advise the Court of the change as soon as possible before the trial date.

Arrangements should be made to have such witnesses as you desire present at your trial to give their testimony on your behalf. Subpoenas may be obtained by application to the Court.

**IF YOU DO NOT APPEAR FOR YOUR TRIAL AT THE ABOVE TIME AND PLACE A WARRANT MAY BE ISSUED FOR YOUR ARREST OR THE TRIAL MAY PROCEED IN YOUR ABSENCE.**

Si vous désirez changer votre plaidoyer de NON-CULPABILITÉ en un plaidoyer de CULPABILITÉ, veuillez en aviser la Cour dès que possible avant la date du procès.

Vous devriez prendre les mesures voulues pour que les témoins que vous désirez faire entendre soient présents à votre procès. Vous pouvez obtenir des assignations de témoin en en faisant la demande à la Cour.

**SI VOUS NE COMPARAISSEZ PAS À VOTRE PROCÈS À LA DATE, À L'HEURE ET AU LIEU INDiquÉS CI-DESSUS, UN MANDAT D'ARRESTATION POURRA ÊTRE DÉCERNÉ CONTRE VOUS OU LE PROCÈS POURRA AVOIR LIEU EN VOTRE ABSENCE.**

Dated/Fait le :

day / jour month / mois year / année

Accused Signature / Signature du (de la) prévenu(e)

Justice, Clerk of the Court  
Juge, Greffier de la Cour

Or, if the accused is in custody, I confirm that the accused has been informed in person of his/her trial date.

Ou, si le (la) prévenu(e) est détenu(e) sous garde, je confirme qu'il (elle) a été informé(e) en personne de la date de son procès.

Lawyer Signature/Signature de l'avocat

Print Name/Nom en lettres moulées

Court File No. \_\_\_\_\_

**PROVINCIAL COURT**

BETWEEN:

HER MAJESTY THE QUEEN

\_\_\_\_\_  
(applicant or respondent)

-and-

\_\_\_\_\_  
(applicant or respondent)

**DESIGNATION OF COUNSEL**

(s. 650.01 CC)

I, \_\_\_\_\_ (name of accused) of \_\_\_\_\_ (address of accused)

state that my lawyer is \_\_\_\_\_  
(lawyer's name, address and phone number).

I have asked my lawyer to represent me, appear for me and provide legal services for me on the following charges:

Information Number(s)	Charge(s) (in words)	Date of Offence(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____

I understand my lawyer cannot appear for me in my absence on any other charges except those listed above, unless I sign a further Designation of Counsel form for those charges.

I understand that I MUST attend Court in person for my trial if I decide to enter a plea of not guilty or on the day of any guilty plea for any of my charges, and on any day when I will be sentenced (unless the Judge gives permission for me to be absent); if I have personal appearances as a condition of my release order, on all court dates; and even if I do not have personal appearances as a condition of my release order, on any day the Judge orders me to attend Court.



Court File No. \_\_\_\_\_

I also understand that I MUST keep in touch with my lawyer until these charges are dealt with in Court, and appear before the Court on any date requested by the Court, and I agree that notice of such date to my lawyer is notice to me of that date. This means I must tell my lawyer immediately if I change my address or telephone number and I will make sure that my lawyer always has a way to contact me. I have been given a copy of this Designation of Counsel.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Signature of Accused

\_\_\_\_\_  
Signature of Lawyer (Designated Counsel)

I attest I reviewed the contents of the Designation of Counsel with \_\_\_\_\_  
(accused's name) and he/she has affirmed it to be true and correct in lieu of his/her signature.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(law firm, address, postal code)

Per: \_\_\_\_\_  
Lawyer's Name (Designated Counsel for the Accused)