

Duty Counsel – Client/Applicant Worksheet

Court Location: _____

Date: _____

Duty Counsel: _____

Client Surname	First Name	DoB (dd/mm/yy)	Primary Phone #	Alternate Phone	Msg?	Email and Mailing Address		City	Postal Code
					Y/N				
Court File #	Offence	Offence Date	Lawyer		Rqstd?	Ref'd	Client Barriers (lang, MH, etc)	Comments	
					Y/N	Y/N			
Client Surname	First Name	DoB (dd/mm/yy)	Primary Phone #	Alternate Phone	Msg OK?	Email and Mailing Address		City	Postal Code
					Y/N				
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