

This document and the attached forms set out the process for a lawyer to initiate a legal aid application on behalf of a criminal client. The primary and preferred method for a client to apply for legal aid is by contacting the nearest **legal aid office** or the **LABC Call Centre** (1-866-577-2525 or **604-408-2172** in Greater Vancouver). Lawyers should initiate an application only where, due to personal barriers or other good reasons, the client is unable to apply themselves by standard methods.

For information on LABC's eligibility criteria, see the LABC website for [financial eligibility guidelines](#) and [criminal coverage guidelines](#).

## In Custody Application Process

For in custody clients, duty or defence counsel can initiate an application using the attached forms:


1. Read and explain the **Legal Aid Agreement (Form A)**. Clients must affirm to you that they will comply with the conditions.
2. Complete **Client Application (Form B)** on the client's behalf (\* **asterisk denotes mandatory fields**).
3. Deliver completed form to LABC: [OnlineApplications@legalaid.bc.ca](mailto:OnlineApplications@legalaid.bc.ca) or fax to **604-681-2719**.
4. The LABC Intake Reciprocal/Training Coordinator will process the application.

## Out of Custody Applications

For out of custody clients who face barriers preventing them from applying themselves:

1. Complete and submit the forms as described above.
2. If you have a new client who (1) is financially eligible (2) is unable to apply for legal aid and (3) has an urgent issue covered by legal aid, you may take the necessary steps to protect the client's interests and have the client make the application later. LABC will back-date the contract so you can bill for services reasonably provided on good faith in urgent circumstances.
3. If you acted for a client in urgent, coverable circumstances described in paragraph 2, but you can no longer reach the client, you may contact the LABC Intake Reciprocal/Training Coordinator directly at [OnlineApplications@legalaid.bc.ca](mailto:OnlineApplications@legalaid.bc.ca) to request either a short-term contract or **Criminal Early Resolution Contract (CERC)**. LABC will review these requests on case-by-case basis.

## FORM A

	Client name:	_____
	Client birthdate:	_____
	LABC Client #:	_____ LABC Case#:
	Intake legal assistant name:	_____ LABC office:
	Date:	_____ Fax no.:

### Legal Aid Representation Services – Under Consideration

**Legal Aid BC will review your application to determine whether we cover your type of case.**

**If we decide that you are not eligible for a lawyer to take your case, you will receive a letter explaining the reasons for that decision. If you do not agree with the decision, you can request a review of the refusal.**

**If we decide that you are eligible, we will assign a lawyer to take your case, as long as you agree to this Legal Aid Representation Services Contract.**

### Legal Aid Representation Services Contract

#### Contract rules

You will:

- tell LABC the truth about your case and your finances
- tell LABC if your finances change during your case
- let LABC and your lawyer share information about your case with each other
- let LABC access all records relevant to your case
- pay back LABC if your lawyer recovers enough money in your case
- pay back LABC for money spent on your case if you did not tell us your income changed

LABC will stop giving you legal aid if:

- you are no longer eligible, or
- you do not follow these contract rules

#### Agreement

This contract was read to you, and you said that you understand it and agree to it.

If you have any questions about this contract, please contact the LABC office where you applied for legal aid or talk to your lawyer.

Please read the attached *More Information About Your Legal Aid Contract* sheet that explains these contract rules and other LABC policies that apply to you and your case.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Form B - Client Application Information

(\*asterisks denote mandatory fields)

Last Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Custody Location\*: \_\_\_\_\_  
(DD/MM/YY)

Address: \_\_\_\_\_  
Number and Street

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone or Email\*: \_\_\_\_\_ OK to leave message? YES / NO

Out of Custody Income\*? Amount: \_\_\_\_\_ Source of Income: \_\_\_\_\_

☐ Two or more contracts in the past 2 years\*? Assets?

☐ Multiple Barriers / Mental Health / Physical Disability? Asset Value

Charges (List top 2 if more than 2\*):

Court Location/File #	Charge Information	Offence Date	Next Court Date

Confirmed Counsel\* YES / NO Counsel requested by client? YES / NO

Name of Counsel: \_\_\_\_\_

Client was read, understands and agrees to the Legal Aid Contract Rules\* YES / NO

Comments: