

# ADD HOC LEGAL COUNSEL APPOINTMENT REQUEST

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the <i>Employment and Assistance Act</i> and the <i>Employment and Assistance for Persons with Disabilities Act</i> . The collection, use and disclosure of personal information is subject to the provisions of the <i>Freedom of Information and Protection of Privacy Act</i> . Any questions about this information should be directed to your local Employment and Assistance Office.		ICM Case #:
Applicant's / Recipient's Name		Respondent's / Payor's Name
Resident City and Province		Resident City and Province
Names of Child(ren) Involved in the Action	Date of Birth	Date Assignment Signed (YYYY MMM DD)

Clients who no longer are in receipt of assistance are not eligible for Ad Hoc services.  
You must describe the stage the proceedings are at in "Case Facts to Support Identified Request."

**REASON FOR REQUEST:** *Enter Case Facts to support your request at the end of this form.*

<input type="checkbox"/> <b>Supreme Court Action:</b> [specify] [other reason]:
<input type="checkbox"/> <b>Client is served with an application to change maintenance or to reduce or cancel arrears from a superior court in a reciprocating jurisdiction</b> Attached is a copy of the relevant order and the Notice of Motion or application the client was served with.
<input type="checkbox"/> <b>Conflict of Interest</b> - Legal counsel has a conflict of Interest <i>Briefly describe what this involves in Case Facts</i>
<input type="checkbox"/> <b>Appeal:</b> [specify] Attach contract counsel recommendation
<input type="checkbox"/> <b>Paternity in Dispute</b> This has been reviewed with contract legal counsel and is not part of their regular contract.
<input type="checkbox"/> <b>Disputed Change of Venue</b> <i>(Enter both locations in your Case Facts)</i>
<input type="checkbox"/> <b>No Contract Counsel in Place</b> Request Ad Hoc for legal action: [specify]

## CASE FACTS TO SUPPORT IDENTIFIED REQUEST

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Court Date (YYYY MMM DD)	Court Location and Level
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Supervisor Signature
Date (YYYY MMM DD)
FM Coordinator Name (print name)

Family Maintenance Worker (print name)	
Office Address:	
Telephone:	Fax #:
FM Coordinator Telephone	Fax #: