

Lawyer Information Questionnaire

Name: _____

Address: _____

Please indicate local landmark(s) or nearest crossroads:

Phone: _____ Fax: _____

Office Hours: _____

Wheelchair Accessible: Yes No

Types of Law practiced (please check all that apply)

Family Law:

Criminal Law:

Immigration Law:

Real Estate/Wills:

Poverty Law/Administrative:

Other:

The year you were called to the Bar: _____

How long have you been practicing law? _____

Do you speak any languages other than English? (including ASL)

If yes, please list: _____

Fees

Do you provide a half-hour or hour consultation free of charge?

Yes No

Do you provide a half-hour or hour telephone consultation free of charge?

Yes No

If not, what is your initial consultation fee? _____

Do you accept legal aid certificates? Yes No

Do you accept two hour duty counsel advice certificates? Yes No

Do you have a limit of the number of legal aid clients you will serve at one time?
 Yes No

If yes, what is the limit? _____

If you do not accept legal aid, what is your hourly rate? _____

Do you require a minimum retainer? Yes No
If yes, what is the amount? _____

Do you provide a sliding scale for your client's? Yes No

Do you have a set payment schedule or can it be negotiated to suit a client's individual situation? Set schedule Can be negotiated

Do you do Pro Bono work? Yes No

Experience

Have you worked with abused /assaulted women? What do you see as the relevant issues?

If you have worked with assaulted women, how many cases have you dealt with?

Have you attended any workshops or seminars related to the issues of woman abuse? Yes No

If yes, please list the most recent training(s) you attended.

How would you define woman abuse?

What are some of the special needs and concerns of clients who are abused women? _____

What is your understanding of the effects woman abuse has on the children who witness it? _____

Do you have training in same-sex partner abuse issues?

Have you worked with any women's shelters or community-based services in Ontario? Yes No

If yes, please list and give dates: _____

If you are unable to take a new client who has experienced abuse/assault, to whom might you refer her?

Name: _____
Name: _____

Phone: _____
Phone: _____

Special Legal Needs

Do you specialize in any areas of Immigration or Refugee law?

If yes, please list: _____

Would you accept Refugee Claim Referrals on a legal aid certificate?

Yes No

Do you provide legal services for assaulted women in same-sex partner abuse situations? Yes No

Will you represent clients in sponsorship breakdown situations where there is abuse? Yes No

Availability/Accessibility

Are you available for short-notice appointments? Yes No

How promptly do you typically return phone calls?

Within a few hours Within 24 hours Within a few days

Would you be willing to meet with a client at another location if she were unable to come to your office? (i.e. her home, a shelter) Yes No

Do you have access to translators/interpreters? Yes No

Feedback

Should there be any concerns with services provided, what mode of complaint would be your preference? By mail By telephone

Thank you for taking the time to fill out this questionnaire.