



Request for Change of Counsel

DATE:

NAME:

DATE OF BIRTH:

ADDRESS:

PHONE NUMBER where I can be reached:

LEGAL AID FILE NUMBER (if known):

NAME OF LAWYER (with whom I am having a disagreement with):

NAME OF LAWYER (who I would like to change to):

Please describe the reasons for your request for a change of counsel and explain whether you have discussed your concerns with your lawyer or what steps you have taken to resolve your disagreement: