



400 Revillon Bldg., 10320 – 102 Avenue, Edmonton Alberta T5J 4A1
Telephone: (780) 644-4971 Fax: (780) 415-2618

ROSTER APPLICATION

SURNAME: _____ GIVEN NAME & MIDDLE INITIAL: _____

FIRM NAME: _____

GST REGISTRATION # _____ Are you GST EXEMPT

OFFICE ADDRESS:

Street/Box # _____

Phone # _____

Province _____ Postal Code _____

Fax # _____

E-mail address: _____

IF YOU HAVE A BRANCH OFFICE IN ANY OTHER LOCATION, COMPLETE THE FOLLOWING:

Street/Box # _____

Phone # _____

Province _____ Postal Code _____

Fax # _____

IF YOU HAVE MORE THAN ONE BRANCH OFFICE, PLEASE LIST THEM ON THE BACK OF THIS FORM

YEAR OF ADMISSION TO THE ALBERTA BAR: _____ INDICATE IF STUDENT-AT-LAW

ARE YOU A MEMBER OF ANY OTHER BAR? IF YES, SPECIFY:

WHERE _____ YR. ADMITTED _____

WHERE _____ YR. ADMITTED _____

**IN WHICH LANGUAGES, OTHER THAN ENGLISH, ARE YOU CONVERSANT? PLEASE LIST:
(If you know American Sign Language, please indicate.)**

FOR OFFICE USE ONLY: Lawyer Number: _____

Date Entered: _____

ROSTER APPLICATION - PRACTICE DETAILS

PLEASE INDICATE BELOW THE TYPE OF FILE(S) WHICH YOU WILL ACCEPT AS A LEGAL AID REFERRAL:

A. CRIMINAL PRACTICE

- General Criminal
 Youth
 Drug Cases
 Board of Review

B. CIVIL PRACTICE

- Family Law
 General Litigation
 Medical Litigation
 Motor Vehicle Litigation
 Wills & Estates
 Child Welfare
 Mental Health Review Panel
 Registered as Collaborative Lawyer
 Representation of Children

C. ADMINISTRATIVE TRIBUNALS

- Immigration
 Social Allowance
 Workers Compensation
 Employment Insurance
 Canada Pension Plan

D. APPEALS: Criminal Civil

E. DUTY COUNSEL: Adult Youth Mental Health Review Panel (Where applicable)
 Internal Institutional Emergency Protection Orders PCHaD Applications

(In category E, you may elect only if you are currently on a duty counsel roster or have completed the shadowing of other duty counsel.)

F. I DO NOT WANT TO BE PLACED ON THE GENERAL ROTATION ROSTER BUT DO WANT TO BE CONTACTED WHEN A LEGAL AID CLIENT ASKS FOR ME SPECIFICALLY.

G. WILL YOUR SECRETARY/RECEPTIONIST BE ALLOWED TO ACCEPT REFERRALS FROM LEGAL AID ALBERTA ON YOUR BEHALF? YES NO

PRIVACY STATEMENT

Pursuant to the Personal Information Protection Act, Legal Aid Alberta is committed to protecting the personal information and privacy of all law firms and lawyers who accept legal aid certificates. Personal information of law firms and lawyers will not be released to any person, institution, association, or agency, unless it is deemed necessary for the provision of legal aid services or is legally required by Federal or Provincial laws.

I UNDERSTAND AND AGREE THAT WHEN I ACCEPT AN APPOINTMENT TO ACT FOR A RECIPIENT OF LEGAL AID I WILL BE BOUND BY THE TERMS OF THE RETAINER CONTAINED ON THE LEGAL AID CERTIFICATE, FRONT AND BACK, AND BY THE LEGAL AID TARIFF AND THE LEGAL AID RULES, AS AMENDED FROM TIME TO TIME.

SIGNATURE _____ DATE _____

RULES FOR PAYMENT OF TRAVEL AND KILOMETERAGE

1. Kilometerage and travel time will only be paid for actual travel between locales (L) within the legal aid region in which you have an office.
2. If you accept a file from a legal aid region in which you do not have an office, kilometerage and travel time may only be billed between the regional center (RC) and the locale (L) where your client will be appearing in court.
3. Kilometerage and travel time will not be paid between regional centers.
4. Kilometerage and travel time will not be paid between branch offices.

LEGAL AID REGIONS AND LOCALES

(The Legal Aid Regions do not correspond to Judicial District or Court circuits)

Only complete in reference to Main office and Branch office (if applicable)

NORTHERN REGIONS

EDMONTON

- (RC)EDMONTON
- (L)FORT SASKATCHEWAN
- (L)MORINVILLE
- (L)SHERWOOD PARK
- (L)ST. ALBERT
- (L)STONY PLAIN

ST. PAUL

- (L)ATHABASCA
- (L)BONNYVILLE
- (L)BOYLE
- (L)COLD LAKE
- (L)LAC LA BICHE
- (L)LLOYDMINSTER
- (RC)ST. PAUL
- (L)VEGREVILLE
- (L)VERMILION
- (L)WAINWRIGHT

FORT MCMURRAY

- (L)FORT CHIPEWYAN
- (RC)FORT MCMURRAY

PEACE RIVER

- (L)ASSUMPTION
- (L)FAHLER
- (L)FAIRVIEW
- (L)FAUST
- (L)FORT VERMILION
- (L)HIGH LEVEL
- (L)HIGH PRAIRIE
- (RC)PEACE RIVER
- (L)RED EARTH CREEK
- (L)SLAVE LAKE
- (L)WABASCA-DESMARAIS

GRANDE PRAIRIE

- (RC)GRANDE PRAIRIE
- (L)FOX CREEK
- (L)VALLEYVIEW

WETASKIWIN

- (L)BRETON
- (L)CAMROSE
- (L)DRAYTON VALLEY
- (L)KILLAM
- (L)LEDUC
- (L)PONOKA
- (RC)WETASKIWIN

WHITECOURT

- (L)BARRHEAD
 - (L)EDSON
 - (L)EVANSBURG
 - (L)GLENEVIS
 - (L)GRANDE CACHE
 - (L)HINTON
 - (L)JASPER
 - (L)MAYERTHORPE
 - (L)SWAN HILLS
 - (L)WESTLOCK
 - (RC)WHITECOURT
-

SOUTHERN REGIONS

CALGARY

- (L)AIRDRIE
- (L)BANFF
- (RC)CALGARY
- (L)CANMORE
- (L)COCHRANE
- (L)DRUMHELLER
- (L)HANNA
- (L)OKOTOKS
- (L)SIKSIKA NATION
- (L)STRATHMORE

RED DEER

- (L)CORONATION
- (L)DIDSBURY
- (RC)RED DEER
- (L)RIMBEY
- (L)ROCKY MTN HOUSE
- (L)STETTLER

LETHBRIDGE

- (L)CARDSTON
- (L)FORT MCLEOD
- (RC)LETHBRIDGE
- (L)PINCHER CREEK
- (L)TABER

MEDICINE HAT

- (L)BROOKS
- (RC)MEDICINE HAT

DIRECT DEPOSIT AUTHORIZATION

BANK INFORMATION

Please attach a **blank voided cheque** and ensure that all information is correct. If you need assistance please contact the Help Desk (780) 644-2800 or help@legalaid.ab.ca.

BANK NAME: _____

BANK ADDRESS: _____

BANK TRANSIT NO:

--	--	--	--	--

BANK NO:

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ACCOUNT NO:

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TYPE OF ACCOUNT: _____

1. I/We agree to participate in this Direct Deposit program and authorize Legal Aid Alberta to credit the account at the financial institution indicated above.
2. Either the lawyer or account holder(s) who signs below may revoke this authorization at any time (with ten working days notice) by delivering a written notice to Legal Aid Alberta.
3. I/We will inform Legal Aid Alberta, in writing, of any changes in the account information provided in this authorization (with ten working days notice).

LAWYER'S SIGNATURE: _____ DATE: _____

Signature of Account Holder(s): _____ (if different from Lawyer)