

PANEL ENROLLMENT INFORMATION SHEET

NAME:			
PREFERRED PRONOUNS:			
FIRM NAME:			
ADDRESS:			
CITY/PROVINCE:		POSTAL CODE:	
TELEPHONE:		FAX:	
EMAIL:			
YEAR ADMITTED TO THE BAR:			
For travel authorization purposes, what town/city is your starting point?			
Please indicate which of the following best describes the amount of Legal Aid Manitoba work you would like to receive. (Please check one.)			
<input type="checkbox"/> I only want Legal Aid certificates where I have sent in the application myself confirming that I will accept.			
<input type="checkbox"/> I only want Legal Aid certificates where I have been requested.			
<input type="checkbox"/> I am prepared to handle most Legal Aid certificates sent to me.			
Please indicate if you are prepared to provide:	<input type="checkbox"/> On Call		
Are there any communities (other than where your office is located) where you regularly attend and where you would be prepared to handle legal aid cases without travel time or expenses? If so, which communities?			
I can conduct cases in:	<input type="checkbox"/> English	<input type="checkbox"/> French	
Are you fluent in any languages other than English and French? Please indicate those languages.			
Any other comments or suggestions about Legal Aid Manitoba and how we can improve our services would be welcome:			

PLEASE NOTE: The Legal Aid Manitoba Tariff is available on the Legal Aid Manitoba website at <http://www.legalaid.mb.ca/> under "For Lawyers".

Please return this to:
Legal Aid Manitoba
4th Floor – 287 Broadway
Winnipeg MB R3C 0R9
Fax: (204) 944-8582
Email: pbonline@legalaid.mb.ca
Thank you for your help. February 2024