



## Lawyer Information Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Major intersections: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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: \_\_\_\_\_

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 (please fill-out completely)

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?

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

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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.

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How would you define woman abuse?

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

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

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

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Have you worked with any women's shelters or community-based services in Ontario?

Yes  No

If yes, please list and give dates: \_\_\_\_\_

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Can we contact the above agency/agencies for a reference?  Yes  No

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## 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

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**Please fax to: (416) 364-0563**  
**For more information call (416) 364-4144 Ext 223**

Thank you from the Assaulted Women's Helpline.