

CO-OPERATING LAWYER INFORMATION

Name:

Name of Firm:

Number of Lawyers in Firm:

E-Mail Address:

Fax Number: ()

Mailing Address: (Principal Office)

Postal Code:

Telephone: ()

Mailing Address: (Secondary Office)

Postal Code:

Telephone: ()

Law School from which Degree Received:

Date of Call to Bar:

Number of Years in Private Practice:

Amount of Errors & Omissions or Malpractice Insurance Coverage:

Customary Hourly Fee:

1. Have you ever been the subject of a **complaint** made to the governing body for lawyers/notaries in the jurisdiction in which you are (or have been) licensed to practice?
 Yes No
If yes, please provide details by separate covering letter.
2. Have you ever been **disciplined** by the governing body for lawyers/notaries in the jurisdiction in which you are (or have been) licensed to practice? Yes No
If yes, please provide details by separate covering letter.
3. Have you ever been sued for **professional negligence** or has there ever been a claim made against your professional negligence (errors and omissions) insurance policy?
 Yes No
If yes, please provide details by separate covering letter.

Signature:

Date:

PLEASE COMPLETE AND SIGN THE REVERSE SIDE



AREAS OF PRACTICE:

Checked box indicates agreement to be a Co-operating Lawyer for that area of practice.

Wills and Estates

- Wills & Powers of Attorney
- Estate Administration
- Estate Litigation

Real Estate

- Real Estate Transactions
- Real Estate Litigation

Tenants' Rights

- Leases
- Litigation

Family (Including contested litigation)

- Guardianship/Committeeship
- Adoption
- Change of Name
- All Other Uncontested and Contested Family Law Matters
- Child Protection

Civil Litigation

- Personal Injury
- Libel and Slander
- Professional Malpractice
- Wrongful Dismissal
- Appeals

Criminal and Motor Vehicle

- Criminal
- Motor Vehicle Violations
- Appeals

Consumer/Debtor

- Collection Actions
- Consumer Transactions
- Bankruptcy
- No-fault Insurance Claims
- Other Insurance Disputes
- Appeals

Administrative Law

- Veterans' Benefits
- Social Assistance
- Unemployment Insurance
- Workers' Compensation
- Citizenship/Immigration/Deportation
- Income Tax Assessment Appeals
- Property Tax Assessment Appeals
- CPP/QPP Claims (Including Disability Claims)

GEOGRAPHICAL AREA SERVED:

CLOSEST URBAN CENTRE:

LANGUAGES SPOKEN FLUENTLY:

Signature:

Date: