



Lawyer Referral Service
Registration is **FREE**
Public Legal Information Association of NL
Phone: 709-722-2643
Email: info@publiclegalinfo.com

Name: _____

Firm Name: _____

Mailing Address: _____

Address if different from mailing address:

Phone: _____ Email: _____

Please answer the following questions to help us better screen clients.

Are you called to the bar (and still retain practicing certification) in any other provinces? If yes, which one(s)?

Please indicate the languages you offer services in: English French Other – Please specify

Are your premises wheelchair accessible? YES NO

Are you willing to do consultations by telephone? YES NO

Are you willing to consult with clients currently outside the province? YES NO

Lawyer Referral Service Terms and Conditions

I consent to my name being included for the Lawyer Referral Service (LRS) in the categories indicated in the attached listing and to the following terms and conditions of participation in the LRS:

- I agree to accept all persons referred by the LRS for an initial consultation of up to 30 minutes, provided there is no conflict of interest and the referral is not otherwise deemed improper;
- I agree to charge the referred person no more than \$40.00 (taxes included) for the consultation;
- I agree to return messages or calls from persons referred by the LRS within a reasonable time and to inform PLIAN if I am unavailable and need to be temporarily removed from the LRS;
- I agree to provide summary legal advice to the person referred to me during the consultation and understand that I am under no obligation to provide other legal services during this time, including representation in court or the completion of legal documents;
- I understand that no person given my name as a referral is obliged to contact me. I further understand that I am under no obligation to accept any matter referred to me or provide any additional services beyond the initial 30 minute consultation;
- I agree to discuss the cost of any additional services (beyond the initial consultation) with the person referred to me during the consultation.

Lawyer Signature:
(Type name or add
e-signature)

Date:

Please indicate in which of the following areas you are willing to receive referrals:

Administrative/Boards/Tribunals

Advance Health Care Directives

Alternative Dispute Resolution/Mediation

- Civil Law*
- Family Law*
- Other*

Appeals

Bankruptcy/Insolvency

Civil Litigation:

- Consumer Protection*
- Insurance*
- Personal Injury*
- Contract*
- Debtor/Creditor*
- Defamation*
- Small Claims*
- Liens*
- ALL*

Constitutional Law

Corporate and Commercial:

- Incorporation*
- General Corporate/Commercial*
- Non-Profits*
- ALL*

Criminal/Quasi-Criminal:

- All Criminal Code Offences*
- Impaired Driving*
- Drug Offences*
- Emergency Protection Orders*
- Fisheries*
- Peace Bonds*
- Wildlife*
- Youth Accused*
- ALL*

Education Law

Elder/Seniors Law (Including Adult Protection Act)

Employment:

- Employment Insurance*
- For Employee*
- For Employer*
- Labour/Unions*
- Pensions and Benefits*
- Workers Compensation*
- Wrongful Dismissal*
- ALL*

Entertainment and Intellectual Property

Environmental

Family Law:

- Adoption*
- Child Protection*
- Custody and Access*
- Domestic Agreements*
- Divorce/Separation*
- ALL*

Health

Human Rights Law

Indigenous Law

International Law

Immigration Law

Land:

- Crown Lands*
- Private Land Dispute*
- Quieting of Title*
- ALL*

Landlord and Tenant:

- Commercial*
- Residential*
- ALL*

Maritime

Municipal

Natural Resources

Power of Attorney

Privacy Law

Professional Malpractice:

- Legal*
- Medical*
- Other professional malpractice*
- ALL*

Real Estate:

- Construction*
- Condominiums*
- Cooperative Housing*
- Purchase & Sale*
- Rent-to-Own*
- ALL*

Taxes:

- Business*
- Personal*
- ALL*

Taxation of Fees (Lawyer's Fee Review)

Wills, Estates , Trusts:

- Administration/Probate*
- Estate Litigation*
- Guardianship*
- Trusts*
- Wills/Estate Planning*
- ALL*

Other Areas of Law – Please Specify:

Please indicate here if you wish to limit the number of calls per week: YES

Maximum number of calls per week:

Are there any other restrictions you would like in place for referrals from PLIAN? If so, please indicate below:

Are you willing to be contacted in the future about potential participation in pro bono legal clinics? YES
