**Application to Join a Referral List**

**Independent Legal Advice for Adult (16+)**

**Victims/Survivors of Sexual Assault**

A project that funds **up to four hours** of independent legal advice so that eligible victims/survivors can **understand** their rights and the supports available to them, and **make informed decisions** about how they will address the harm they have experienced.

**Am I eligible?** You may apply if **each one** of the following statements are true:

You are a practicing lawyer.

You are insured.

You are a member in good standing of the Nova Scotia Barristers’ Society.

You agree to the project legal advice rate of $95 per hour.

You agree to attend a selection interview.

You agree to complete an online training module and attend in-person training.

You are interested in expanding your knowledge of criminal trial practice.

You are interested in expanding your knowledge on the issue of sexual assault

You are interested in being part of a Community of Practice to share promising practices.

You have never been listed on a Child Abuse or Sexual Offender register.

**Do I qualify?** You may qualify if you have **one or more** of the following assets:

You have experience in criminal law practice.

You have experience with sexual assault cases.

You have experience in community or civic activities related to working with sexual assault victims.

You are involved in professional associations that are related to working with vulnerable populations and/or victims/survivors of trauma.

You have teaching or presentation experience related to the impact of trauma on victims/survivors, or legal issues facing victims/survivors of sexual assault.

You have published on topics that may be related to this work.

You have specialized training/experience in an area that may be of benefit to this work: mental health, intimate partner violence, persons with disabilities, cultural competency, addictions, working with diverse populations.

**Application to Join the Referral List**

**Independent Legal Advice for Adult (16+)**

**Victims/Survivors of Sexual Assault**

1 Have you ever been listed on a Child Abuse or Sexual Offender register?

〇 yes If yes, do not complete this form.

〇 no

2 Give your personal information

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

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

Law Society number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HST number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Preferred method of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 Describe your range of services

Region where you work most of the time:

〇 Cape Breton: Port Hawkesbury, Sydney

〇 Central (HRM): Dartmouth, Halifax, Sheet Harbour

〇 Northern: Amherst, Antigonish, New Glasgow, Pictou, Truro

〇 Western region: Bridgewater, Digby, Kentville, Yarmouth

Are you willing to provide services by telephone or other telecommunications channel? 〇 yes 〇 no

Are you willing to provide services in person outside your region (travel costs must be pre-approved)? 〇 yes 〇 no

If yes, which regions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your office and building an accessible space for people with mobility issues? 〇 yes 〇 no

List languages with which you have spoken fluency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List languages with which you have written fluency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 Describe your education and professional development

Law school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year you obtained your law degree (yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed (or are you completing) post graduate studies in law? 〇 yes 〇 no

Do you have specialized experience/training in any of the following areas?

Sexual violence 〇 yes 〇 no

Domestic violence 〇 yes 〇 no

Substance abuse 〇 yes 〇 no

Mental health issues 〇 yes 〇 no

Cross-cultural sensitivity 〇 yes 〇 no

Aboriginal communities 〇 yes 〇 no

Indigenous African Nova Scotian communities 〇 yes 〇 no

LGTBQI+ community 〇 yes 〇 no

Persons with disabilities 〇 yes 〇 no

Immigrant communities 〇 yes 〇 no

Human trafficking 〇 yes 〇 no

Other relevant credentials (sign language, braille) 〇 yes 〇 no

If yes, specify ► \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you taught any courses or made any formal presentations in the last 3 years (e.g., at a continuing legal education conference) related to the impact of trauma on victims/survivors, or legal issues facing victims/survivors of recent and/or historic sexual assault? 〇 yes 〇 no

Have you published any books or articles on topics that might be relevant to work of this program? 〇 yes 〇 no

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any involvement in professional associations that are related to working with vulnerable populations and/or victims/survivors of trauma:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any community or civic activities that might help in your work with sexual assault victims/survivors:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 Describe your professional experience

Length of time practicing law: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly summarize your legal experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of current practice devoted to sexual assault and/or sexual abuse cases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of matters taken to trial in the past three years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of matters taken to trial in the past three years related to sexual violence or violence against vulnerable victims/survivors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 Describe your personal and professional suitability for this work

Answering “yes” does not automatically preclude you form this program; the selection committee will consider the circumstances when determining suitability.

Do you have any complaints currently on file with the Professional Responsibility Department of the Nova Scotia Barristers’ Society?

〇 yes 〇 no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any complaints currently with the Complaints Investigation Committee of the Nova Scotia Barristers’ Society?

〇 yes 〇 no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any sanctions by the Nova Scotia Barristers’ Society or any other law society?

〇 yes 〇 no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any professional liability claims presently on file against you with the Lawyers Insurance Association of Nova Scotia?

〇 yes 〇 no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any current involvement as a defendant in any civil (excluding family matters) proceedings?

〇 yes 〇 no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have outstanding civil judgments against you or any past or present proposals to creditors or assignments in bankruptcy?

〇 yes 〇 no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any current involvement as an accused in any criminal proceedings?

〇 yes 〇 no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been the subject of an investigation for sexual harassment or sexual violence?

〇 yes 〇 no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any criminal offence for which you were convicted?

〇 yes 〇 no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7 List two references who have agreed to a phone interview

Reference 1

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title or Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm or Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference 2

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title or Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm or Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 Attach supporting documents, either in hard copy for mailed submissions or as electronic .doc or .pdf files for emailed submissions

curriculum vitae: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cover letter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 Agree to the program standards

**Response time**: You, or your office, agree to respond to the client within 24 business hours (with exceptions) of receiving a call from them, but within regular business hours.

**Hourly rate**: You agree to charge the program rate of $95 per hour for up to four hours of legal advice. Note that legal representation is not included in this program.

**Research time**: For transparency, you agree to advise your client if some time from their certificate is needed for research. Time billed for research must be client specific and not part of your general responsibility to enhance your understanding of the criminal trial process.

**Limited travel costs**: You may recover travel costs only in special circumstances and only with the prior approval of the Department of Justice.

**Invoicing**: You agree to submit Invoices to the Department of Justice with a certificate number included on the invoice for each billable hour.

**Training**: You agree to complete both online and in-person training. You must complete the online sexual violence on-line training module and submit a completion certificate to the Department of Justice, Court Services Division, before being placed on the approved list to provide service. You will be reimbursed for 4 hours of time for completing the online training module ($380), which can be accessed at <https://nscs.learnridge.com/>.

**Evaluation**: You agree to participate in an evaluation of the effectiveness of the program.

**Promising practices**: You agree to participate in a Community of Practice that will share promising practices and advances in the field.

**Removing yourself from the list**: You agree to advise the Department of Justice, Victim Services, if you are no longer able to provide independent legal advice and wish to be removed from the list.

**Changes to legal status**: You must advise the Department of Justice immediately if your status with the Nova Scotia Barristers’ Society changes, including any disciplinary proceedings.

**Child Abuse Registry Check**: If selected, you must submit proof of a clear Child Abuse Registry check to the Department of Justice, Court Services Division, before providing service. You must re-submit a clear Child Abuse Registry check every two years. (https://novascotia.ca/coms/families/abuse/ChildAbuseRegister.html)

10 Sign and date this application

I affirm that I will abide by the Independent Legal Advice (ILA) for Victims/Survivors of Sexual Assault Program Standards and will ensure my ongoing compliance with these standards for as long as I remain on the ILA Referral List.

I acknowledge that if I fail to comply with the requirements specified in this application I may be suspended or removed from the ILA Referral List.

I acknowledge that the Department of Justice, Court Services Division, may conduct a review of the quality of my work if complaints or concerns arise during the program. I understand that I am required to cooperate fully with reasonable verification of compliance with the program standards. I understand that complaints and/or concerns raised would not necessarily preclude me from providing service, but may mean that I seek support and guidance to be able to meet the needs of service users. The Community of Practice may also provide opportunities for concerns to be addressed.

I affirm that the information contained in this application is complete, true, and accurate.

I understand that the personal information provided on this form and any attachments will be used only for the purposes of administering the program. It is collected under the authority of Section 26(a) of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the act.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11 Submit your application by mail or email

Department of Justice

Court Services Division

Dana Bowden, Manager of Special Initiatives for Victims

1690 Hollis Street, 4th Floor

PO Box 7

Halifax, NS

B3J 2L6

[Dana.Bowden@novascotia.ca](mailto:Dana.Bowden@novascotia.ca)

**Questions?** Call 902-424-3211