

Email your application to: legalaid@bctf.ca

CONFIDENTIAL

Attention: Legal Services Department

REQUEST FOR LEGAL AID

(As per Policy 19.04 Legal Advice and Legal Aid to Individual Members)

If you need assistance completing this form, please contact your local association office or the Legal Services Department at 604-871-1913 or legalaid@bctf.ca

| PERSONAL INFORMATION [Please include as much of the contact information as possible.] | | | | |
|--|--|----------|--|--|
| Name: | | | | |
| Local/Schoo | ol District: | | | |
| School: | | | | |
| Personal pro | onoun preference (i.e. she/her/hers; they/them/theirs): | | | |
| Personal em | nail address – REQUIRED [<u>Not</u> school district]: | | | |
| risk of infor | a secure method of communication and use of email communication may increase the mation being disclosed to third parties. The BCTF recommends you <u>do not use a schoolil address or school district computer to communicate with the BCTF about your legal</u> | <u>l</u> | | |
| | ve read the above statement, I confirm that this is my correct email and consent to ive communication from the BCTF via email. | | | |
| Address: | | | | |
| Telephone: | (home) | | | |
| | (cell) | | | |
| members. W | rives to ensure we have accurate and up-to-date contact information for each of our Ve will update our membership records if the contact information you have provided our existing records. | | | |
| - | not want my contact information updated. This information will be still be made avail are Legal Department for the purposes of your legal aid matter. | able | | |

| MEM | BERSHIP STATUS | | |
|------|---|--|--|
| | I am currently an active member of the BCTF. | | |
| | I was a member of the BCTF at the time the incidents were alleged to have occurred and wa | | |
| | employed by [name of district] | | |
| | as a [position]. | | |
| LEGA | L AID IS REQUESTED FOR Professional Conduct Unit – Teacher Regulation Branch Matter | | |
| | If the matter is a result of discipline by your school district, we will contact your local union/association to request a copy of their file on this issue. If you have any concerns with this, please indicate below. | | |
| | Criminal Issue | | |
| | Other Legal Matters [i.e. Human Rights, EI, WCB] | | |
| REQU | JEST - *REQUIRED SECTION* | | |

Please describe in detail the situation for which this request is made: (If more space is required, please attach additional pages to this form)

| | Criminal Issue (Additional information) | | |
|-------|---|---|--|
| | Desci | ribe the alleged offence | |
| | | | |
| | | | |
| | | I was acquitted of the charges | |
| | | I was found guilty | |
| | | I am still waiting for the charges to be resolved | |
| | | I have not been charged but charges are possible | |
| | | I need to self-report a criminal charge | |
| | Name | e of criminal lawyer (if any) | |
| RELA | ATED P | ROCEEDINGS | |
| | Empl | oyee Discipline | |
| | • | re of Discipline (reprimand, suspension or termination) | |
| | | | |
| | If matter was grieved, outcome or status of grievance | | |
| | | | |
| SUPI | PORTII | NG DOCUMENTS (Please attach copies of all documents) | |
| | All communications with Teacher Regulation Branch | | |
| | All documents regarding employer discipline | | |
| | All documents regarding a criminal issue | | |
| | All documents regarding other legal matters | | |
| | | | |
| [Sign | nature i | required for request to be processed.] | |
| [9 | | | |
| Signa | ature [| | |
| 0.1 | - [| | |
| | · Name | of Teacher | |
| | tailic | or reducted | |

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