

**Application for Fee Waiver Certificate for
Automobile Injury Appeal Commission (AIAC)**

NOTE: If you have previously been issued a Fee Waiver Certificate with respect to this matter or any other matter, you may be eligible for a new fee waiver certificate without having to reapply. Please notify the AIAC of any previous certificate you have been issued, and, if possible, provide a copy of the certificate.

PLEASE PRINT CLEARLY

1. My name is (full legal name): _____

2. My mailing address, phone number and email address, if applicable, is:

3. Court/file number (if applicable): N/A

4. Do you receive assistance pursuant to *The Saskatchewan Assistance Act*, as an individual or as a part of a family unit, or pursuant to *The Training Allowance Regulations*?

Yes (if yes, please indicate the type(s) of support and the case number(s)):

Program(s) _____ Case no. _____

No

5. Are you receiving legal assistance or representation from one of the following organizations:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The Saskatchewan Legal Aid Commission; |
| <input type="checkbox"/> | <input type="checkbox"/> | Pro Bono Law Saskatchewan; |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Legal Assistance Services for Saskatoon Inner City Inc. (CLASSIC)? |

If you responded "Yes" to either of questions 4 or 5, please proceed to question 8.

If you responded "No" to questions 4 and 5, please answer questions 6 and 7.

6. Please answer the following:

- a. The number of people who reside in my household (me, my spouse, dependent children and other dependent extended family members) is _____.
- b. The total annual income for my household, before deductions (e.g., income taxes, Canada Pension Plan, Employment Insurance), is: _____.
- c. The value of my household's assets, after subtracting any outstanding debt owing on these assets, is below \$10,000:

Yes No Please list these assets on the lines below:

NOTE: When calculating the value of your household assets, exclude the primary residence (family home) and its furnishings and appliances, clothing and medical and dental aids or similar devices. Include bank accounts, cash, land (other than the land that the family home is located on), vehicles and recreational devices (boats, motor homes and ATVs), second homes or cottages and other similar assets.

7. In certain cases, an applicant who does not meet normal eligibility requirements for a fee waiver certificate may still qualify for a certificate under special circumstances. Examples of special circumstances may include recent loss of employment, medical expenses or financial dependence on an opposing party (such as a spouse in family law proceedings). Please describe below any special circumstances affecting you or the members of your household that you would like to have considered as part of your application. If you require extra room, please attach an additional page.

8. Are you being represented by a lawyer, other than a lawyer who is providing legal services through an organization named in question 5?

Yes No

9. If you answered "Yes" to question 8, have you entered into an agreement with the lawyer by which you are not required to pay the cost of fees and disbursements (costs such as court filing fees) or are only required to pay the cost of fees and disbursements if you are successful in your matter?

Yes No

I certify that this information is true and complete to the best of my knowledge and belief, and agree to provide any materials or records, if requested, to confirm the information in this application. I understand that if any of the information I have provided in this application changes in the future, I must report this change to the AIAC.

Date

Signature of Applicant

<p>NOTE: The official, court or public body that is administering your fee waiver application may request additional evidence to support your application. You may be denied a fee waiver certificate if you fail to provide materials or records that are requested in support of this application. Information provided in this application will be used solely for the purpose of assessing your eligibility for a fee waiver certificate pursuant to <i>The Fee Waiver Act</i>.</p>

(For Office Use Only)

Applicant is eligible for a fee waiver certificate pursuant to *The Fee Waiver Act*.

Yes No

Date

Signature of Operations Manager
Automobile Injury Appeal Commission

When signed showing the Applicant to be eligible, this page is the Fee Waiver Certificate.