|  |  |  |
| --- | --- | --- |
| **CLIENT NAME:**  **(Co-Accused):** | **ADDRESS:** | **File Opening** |
| **FILE #/LEGAL AID CERTIFICATE:** | **EMAIL:** | Conflicts Checked |
| **COURT FILE #/INFORMATION #:** | **PHONE:** | Retainer Letter |
| **CROWN COUNSEL:** | | Client ID  Verification |
| **CHARGES:** | | |
| **KEY DATES/DEADLINES/NEXT STEPS:** | | Date:  Summary: |

|  |  |
| --- | --- |
| **Key Instructions and Communications** | |
| Election/Plea  (*Section 606, if applicable, etc.*) |  |
| Client | Date:  Summary: |
| Crown | Date:  Summary: |
| Witnesses | Date:  Summary: |

|  |  |  |
| --- | --- | --- |
| **Key Information**  (Date) | | |
| Charges | |  |
| First Appearance | |  |
| Designation of Counsel Filed with Court | |  |
| Disclosure Requested | |  |
| Disclosure Received/Complete | |  |
| Disclosure Reviewed | |  |
| Crown Election | |  |
| Preliminary Inquiry | |  |
| Pre-Trial Motions – Application Filing Deadline | |  |
| Pre-Trial Motions – Supporting Materials Filing Deadline | |  |
| Pre-Trial Conference | |  |
| Trial | |  |
| Sentencing | |  |
| * Pre-Sentencing Report | Date:  Summary: | |
| * Gladue/Colonial Impact Report | Date:  Summary: | |
|  |  | |
| * Psychiatric/Psychological | Date:  Summary: | |

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| **Legal Aid Considerations** | |
| Initial Tariff | Date:  Summary: |
| Additional Request, if required | Date:  Summary: |
| Legal Aid Authorization for Special Disbursements (e.g., Expert) | Date:  Summary: |
| Hours Tracking Up to Date, if required | Date:  Summary: |