



**Legal  
Services  
Society**

British Columbia  
www.lss.bc.ca

FAX form to referring office, Attention: \_\_\_\_\_

# Authorization for Additional Charges

(Within 90 days of date of assignment)

Date of request \_\_\_\_\_ Case no. \_\_\_\_\_  
 Date of assignment \_\_\_\_\_ LSS contact  
 (top right corner of referral) \_\_\_\_\_  
 Client name \_\_\_\_\_ Lawyer name \_\_\_\_\_  
 Client no. \_\_\_\_\_ Lawyer phone no. \_\_\_\_\_

**New charges** or  **Amends current charges on LSS Referral Information # \_\_\_\_\_**  
 (e.g., Information #1, #2, or #3 on your referral)

Court file no.   Adult  Youth  
 Next court date/time (dd/mm/yy)  Court location   
 Jurisdiction  Provincial  Supreme  Youth Bail status   
 In custody Custody location   
 Purpose of appearance

**OFFENCES (Administrative, Summary, Indictable, Major)**

Offence level/charge	Offence date	Description	Location

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