



Lawyer Vendor Application Form-A

To obtain a vendor (billing) number, please complete Form A and attach a "Void" cheque. Please sign it and fax to 604-682-7967 or e-mail to helpdesk.finance@lss.bc.ca.

CHANGES:

For non e-services vendors only, use Form B to update any changes to your profile. For e-services vendors, please use My Profile to update your information. If you have any questions, please call 604-601-6111.

LSS Use Only

Have you been issued a vendor number in the past?

Vendor Number: \_\_\_\_\_

[ ] N (complete Form A) [ ] Y (complete Form B)

If you are applying to reactivate your vendor number, use the Vendor Number Reapplication Form-E.

Name \_\_\_\_\_ Law Society no. \_\_\_\_\_
First called to bar \_\_\_\_\_ Province \_\_\_\_\_
Month / Day / Year

Please provide the following if applicable:

GST/HST no. \_\_\_\_\_
WorkSafeBC no. \_\_\_\_\_

Gender: [ ] Male [ ] Female

Do you identify as:

[ ] Aboriginal [ ] Aboriginal — Band Affiliation
[ ] Aboriginal — Status [ ] Métis [ ] Inuit

Primary Address

Your primary address is where we will send all correspondence including updates, notices, and payments.

Firm and/or c/o name \_\_\_\_\_
Street address \_\_\_\_\_
City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_
Phone no. \_\_\_\_\_ Fax no. \_\_\_\_\_ Cell no. \_\_\_\_\_
Message no. \_\_\_\_\_ Toll-free no. \_\_\_\_\_
General email \_\_\_\_\_ e-services email \_\_\_\_\_
Direct Deposit email \_\_\_\_\_ Is this location wheelchair accessible? [ ] Y [ ] N
(Mandatory as a direct deposit notification is forwarded by e-mail only)

Referral Address (if different than address above)

Your referral address is where referrals are sent. Your primary and referral addresses may be the same.

Firm and/or c/o name \_\_\_\_\_
Street address \_\_\_\_\_
City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_
Phone no. \_\_\_\_\_ Fax no. \_\_\_\_\_ Cell no. \_\_\_\_\_
Message no. \_\_\_\_\_ Toll-free no. \_\_\_\_\_
Is this location wheelchair accessible? [ ] Y [ ] N

Referral Availability

Please indicate any extended periods of time during which you will not be available to accept referrals.

[ ] Unavailable for the following reason:

- [ ] Retired [ ] Sabbatical leave [ ] Non-practising [ ] Moved out of province [ ] Maternity/Parental
[ ] Bench [ ] Ceased Member [ ] Vendor's Choice

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Remarks: \_\_\_\_\_



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Special Interest

Please indicate if you have a special interest in the areas listed to assist LSS in referring cases:

- Physical disabilities Mental disabilities

Languages

In addition to English, please identify any other languages in which you are fluent and in which you are willing to accept referrals:

- Aboriginal American Sign Language Arabic Cantonese Farsi French German Japanese Mandarin Polish Punjabi Russian Somali Spanish Tagalog (Filipino) Tamil Vietnamese Other

Specialized Areas of Law

Please identify any specialized areas of law from the list below in which you are willing to accept referrals (Include). Please identify any areas of law from the list below in which you would prefer not to receive referrals (Exclude).

Criminal

Table with 4 columns: Include, Exclude, Include, Exclude. Lists various criminal law areas for selection.

CFCSA

Table with 4 columns: Include, Exclude, Include, Exclude. Lists CFCSA areas for selection.

Family

Table with 4 columns: Include, Exclude, Include, Exclude. Lists family law areas for selection.

Immigration

Table with 2 columns: Include, Exclude. Lists immigration areas for selection.



## Lawyer Vendor Application Form-A

### Case Types

Please indicate **at least one (1)** of the case types/areas of law in which you practise and would like to receive referrals:

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Immigration        | <input type="checkbox"/> Appeals — Family      |
| <input type="checkbox"/> Family   | <input type="checkbox"/> CC Section 278     | <input type="checkbox"/> Appeals — CFCSA       |
| <input type="checkbox"/> CFCSA    | <input type="checkbox"/> Appeals — Criminal | <input type="checkbox"/> Appeals — Immigration |

### Court Location (\*Circuit Court Locations)

These are the courts at which you typically practise *without* allowance for travel time. (**Note:** *Meterage is not affected. See Guide to Legal Aid Tariffs.*) Please indicate at least one, but **up to a maximum of five (5)** preferred court locations using the first column (Pref) and any number of other court locations using the second column (Other):

Pref	Other		Pref	Other		Pref	Other	
<input type="checkbox"/>	<input type="checkbox"/>	100 Mile House	<input type="checkbox"/>	<input type="checkbox"/>	Gold River	<input type="checkbox"/>	<input type="checkbox"/>	Port Hardy
<input type="checkbox"/>	<input type="checkbox"/>	Abbotsford	<input type="checkbox"/>	<input type="checkbox"/>	Golden	<input type="checkbox"/>	<input type="checkbox"/>	Powell River
<input type="checkbox"/>	<input type="checkbox"/>	Alexis Creek *	<input type="checkbox"/>	<input type="checkbox"/>	Good Hope Lake *	<input type="checkbox"/>	<input type="checkbox"/>	Prince George
<input type="checkbox"/>	<input type="checkbox"/>	Anahim Lake *	<input type="checkbox"/>	<input type="checkbox"/>	Grand Forks	<input type="checkbox"/>	<input type="checkbox"/>	Prince Rupert
<input type="checkbox"/>	<input type="checkbox"/>	Ashcroft	<input type="checkbox"/>	<input type="checkbox"/>	Hazelton	<input type="checkbox"/>	<input type="checkbox"/>	Princeton
<input type="checkbox"/>	<input type="checkbox"/>	Atlin *	<input type="checkbox"/>	<input type="checkbox"/>	Houston	<input type="checkbox"/>	<input type="checkbox"/>	Queen Charlotte City *
<input type="checkbox"/>	<input type="checkbox"/>	Bella Bella *	<input type="checkbox"/>	<input type="checkbox"/>	Hudson's Hope	<input type="checkbox"/>	<input type="checkbox"/>	Quesnel
<input type="checkbox"/>	<input type="checkbox"/>	Bella Coola *	<input type="checkbox"/>	<input type="checkbox"/>	Invermere	<input type="checkbox"/>	<input type="checkbox"/>	Revelstoke
<input type="checkbox"/>	<input type="checkbox"/>	Burns Lake	<input type="checkbox"/>	<input type="checkbox"/>	Kamloops	<input type="checkbox"/>	<input type="checkbox"/>	Richmond
<input type="checkbox"/>	<input type="checkbox"/>	Campbell River	<input type="checkbox"/>	<input type="checkbox"/>	Kelowna	<input type="checkbox"/>	<input type="checkbox"/>	Rosland
<input type="checkbox"/>	<input type="checkbox"/>	Castlegar	<input type="checkbox"/>	<input type="checkbox"/>	Kitimat	<input type="checkbox"/>	<input type="checkbox"/>	Salmon Arm
<input type="checkbox"/>	<input type="checkbox"/>	Chase	<input type="checkbox"/>	<input type="checkbox"/>	Klemtu *	<input type="checkbox"/>	<input type="checkbox"/>	Sechelt
<input type="checkbox"/>	<input type="checkbox"/>	Chetwynd	<input type="checkbox"/>	<input type="checkbox"/>	Lillooet	<input type="checkbox"/>	<input type="checkbox"/>	Sidney
<input type="checkbox"/>	<input type="checkbox"/>	Chilliwack	<input type="checkbox"/>	<input type="checkbox"/>	Lower Post *	<input type="checkbox"/>	<input type="checkbox"/>	Smithers
<input type="checkbox"/>	<input type="checkbox"/>	Clearwater	<input type="checkbox"/>	<input type="checkbox"/>	Mackenzie	<input type="checkbox"/>	<input type="checkbox"/>	Sparwood
<input type="checkbox"/>	<input type="checkbox"/>	Colwood	<input type="checkbox"/>	<input type="checkbox"/>	Masset *	<input type="checkbox"/>	<input type="checkbox"/>	Stewart *
<input type="checkbox"/>	<input type="checkbox"/>	Courtenay	<input type="checkbox"/>	<input type="checkbox"/>	McBride	<input type="checkbox"/>	<input type="checkbox"/>	Surrey
<input type="checkbox"/>	<input type="checkbox"/>	Cranbrook	<input type="checkbox"/>	<input type="checkbox"/>	Merritt	<input type="checkbox"/>	<input type="checkbox"/>	Tahsis
<input type="checkbox"/>	<input type="checkbox"/>	Creston	<input type="checkbox"/>	<input type="checkbox"/>	Nakusp	<input type="checkbox"/>	<input type="checkbox"/>	Terrace
<input type="checkbox"/>	<input type="checkbox"/>	Dawson Creek	<input type="checkbox"/>	<input type="checkbox"/>	Nanaimo	<input type="checkbox"/>	<input type="checkbox"/>	Tofino
<input type="checkbox"/>	<input type="checkbox"/>	Dease Lake *	<input type="checkbox"/>	<input type="checkbox"/>	Nelson	<input type="checkbox"/>	<input type="checkbox"/>	Tsay Keh Dene *
<input type="checkbox"/>	<input type="checkbox"/>	Duncan	<input type="checkbox"/>	<input type="checkbox"/>	New Aiyansh *	<input type="checkbox"/>	<input type="checkbox"/>	Tumbler Ridge
<input type="checkbox"/>	<input type="checkbox"/>	Fernie	<input type="checkbox"/>	<input type="checkbox"/>	New Westminster	<input type="checkbox"/>	<input type="checkbox"/>	Ucluelet
<input type="checkbox"/>	<input type="checkbox"/>	Fort Nelson *	<input type="checkbox"/>	<input type="checkbox"/>	North Vancouver	<input type="checkbox"/>	<input type="checkbox"/>	Valemont
<input type="checkbox"/>	<input type="checkbox"/>	Fort St. James	<input type="checkbox"/>	<input type="checkbox"/>	Parksville	<input type="checkbox"/>	<input type="checkbox"/>	Vancouver
<input type="checkbox"/>	<input type="checkbox"/>	Fort St. John	<input type="checkbox"/>	<input type="checkbox"/>	Pemberton	<input type="checkbox"/>	<input type="checkbox"/>	Vanderhoof
<input type="checkbox"/>	<input type="checkbox"/>	Fort Ware *	<input type="checkbox"/>	<input type="checkbox"/>	Penticton	<input type="checkbox"/>	<input type="checkbox"/>	Vernon
<input type="checkbox"/>	<input type="checkbox"/>	Fraser Lake	<input type="checkbox"/>	<input type="checkbox"/>	Port Alberni	<input type="checkbox"/>	<input type="checkbox"/>	Victoria
<input type="checkbox"/>	<input type="checkbox"/>	Ganges	<input type="checkbox"/>	<input type="checkbox"/>	Port Coquitlam	<input type="checkbox"/>	<input type="checkbox"/>	Williams Lake



# Lawyer Vendor Application Form-A

## Court Level

Please identify all court levels at which you practise for which you are willing to accept referrals:

- |  |  |
|--|--|
| <input type="checkbox"/> Provincial Court        | <input type="checkbox"/> Administrative Tribunal |
| <input type="checkbox"/> Supreme Court of BC     | <input type="checkbox"/> IRB (ID, IAD, RPD)      |
| <input type="checkbox"/> BC Court of Appeal      | <input type="checkbox"/> Federal Court           |
| <input type="checkbox"/> Supreme Court of Canada | <input type="checkbox"/> Federal Court of Appeal |

## Direct Deposit

### Financial Institution Information

Please attach a copy of a "VOID" cheque to complete this application. The information on the cheque must be for the account to which you would like the payments deposited.

**If a void cheque is not available, have your bank complete the information below. (Please ensure figures are legible.)**

Name of financial institution:

Address:

City:	Province:	Postal code:
Branch number <i>(5 digits)</i>	Teller Stamp	
Financial institution number <i>(3 digits)</i>		
Account number <i>(up to 12 digits)</i>		

## Vendor, Direct Deposit (EFT), and e-services Authorization

I understand that the information on this form is collected and used to obtain a vendor billing number, e-services access and to authorize direct deposit payments to the designated account indicated on the attached Void cheque or the above noted account in accordance with the privacy and confidentiality policy of the Legal Services Society (LSS).

I hereby authorize LSS to deposit payments into the designated account until further written notice by the undersigned. I agree that LSS will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue payment by direct deposit.

Name (please print) \_\_\_\_\_  
*(Name of referral lawyer)*

Signature \_\_\_\_\_  
*(Signature of referral lawyer)*

Title \_\_\_\_\_

Date \_\_\_\_\_  
*(yyyy/mm/dd)*

The *Guide to Legal Aid Tariffs* and billing forms are on the LSS website at [www.legalaid.bc.ca](http://www.legalaid.bc.ca) under "Lawyers."  
For assistance with tariffs and e-billing, contact the Tariff Helpdesk at 604-601-6155 or email [tariff.helpdesk@lss.bc.ca](mailto:tariff.helpdesk@lss.bc.ca).  
An email notification from [helpdesk.finance@lss.bc.ca](mailto:helpdesk.finance@lss.bc.ca) will be sent when your private bar vendor number has been issued.  
The original completed forms are not required by our office if a faxed or email copy has been provided.



# Lawyer Vendor Application Form-A

## Lawyer e-services Security Access

<p>LSS use only</p> <p>Vendor number: _____</p>
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Please complete Section B and D below for your application to be processed.

<b>Section A User Information</b>	<p>Name: _____</p> <p>Firm Address: _____</p> <p>City _____ Prov. _____ Postal Code: _____</p> <p>Phone: _____ Email: _____</p> <p style="text-align: right;">Mandatory in order to advise set up</p>		
<b>Section B Computer System</b>	<p><input type="checkbox"/> PC                      <input type="checkbox"/> MAC</p>		
<b>Section C Password Security</b>	<p>The LSS Lawyer e-services system is available through a secure website utilizing industry standard security and encryption methods (i.e., these methods are consistent with the on-line banking industry). LSS will continually enhance its security methods in accordance with industry best practices.</p> <ul style="list-style-type: none"> <li>▪ Your User ID will be set up and emailed to you under separate cover when processed.</li> <li>▪ Please type a temporary password in the space provided below (lower case only).</li> <li>▪ Please change your password immediately after logging into the system for the first time.</li> </ul>		
<b>Section D Password</b>	<p>Please provide a temporary password <b>(6 to 12 lower case characters only)</b></p>	<p><b>Password:</b></p>	

### LSS USE ONLY

<b>LSS Authorized Signature</b>			<b>User ID:</b>
	Authorized Signature	Date	
<p><input type="checkbox"/> E-mail                      <input type="checkbox"/> Tariff                      <input type="checkbox"/> System                      <input type="checkbox"/> Direct Deposit</p>			