





If your client was successful in the appeal, would he or she be successful in the underlying application?

Yes

No

**Explain**

**Relevant attachments**  
*Please tick those you have attached*

**Personal Information Form**

**Decision**

**Other (Please describe)**

\_\_\_\_\_

**Counsel signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Note:** You may bill for this opinion letter on your trial referral. See Notice to Counsel #47 for more information.

**Please fax this questionnaire to the LSS Appeals Section at (604) 682-0956.**