

REFERENCE IN SUPPORT OF APPLICATION

TO THE PROPERTY RIGHTS PANEL OF THE OFFICE OF THE CHILDREN'S LAWYER

RE:

NAME OF APPLICANT

Thank you for providing a reference for the above-named applicant. Please provide your candid responses to the following questions and return the completed form as soon as possible in one of two ways:

1. return the form to the applicant, who will then submit this reference as part of his/her application; or
2. send the form directly to the Office of the Children's Lawyer by email to OCLApplications@ontario.ca, fax to 416-314-8050, or by mail to the address below.

Address:

Office of the Children's Lawyer
393 University Avenue, 14th floor
Toronto, Ontario, M5G 1E6
Attention: **Nicole Hudon, Empanelment and Training Coordinator**

1. In what capacity do you know this applicant? How long have you known the applicant?

2. Please describe the proficiency of the applicant in the area of estate and trust litigation.

3. Please describe the proficiency of the applicant in the area of civil litigation (and particularly relating to personal injury and medical malpractice)

4. Please rate this applicant on the following:

Attribute	Strong	Average	Weak	Do Not Know
1. Overall professional presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to relate to and work with:				
a. adult clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. other counsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Interviewing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Legal knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Knowledge of and experience in estate/trust litigation and/or civil litigation matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Advocacy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dispute resolution skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Organizational and time-management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Professional judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Follows direction and consults as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What do you consider to be the applicant's strengths and weaknesses?

6. Do you recommend that this applicant be appointed to the Property Rights Panel of the Office of the Children's Lawyer? Why?

7. Do you have any other comments relevant to this applicant's request to be appointed to the Property Rights Panel of the Office of the Children's Lawyer?

8. On occasion, we may need to contact you if more information is required

Referee Name:

Position:

Address:

Phone No.:

Fax No.:

E-mail address:

(Signature)

(Date)