

FINANCIAL UNDERTAKING – LEGAL AID

Name of Counsel: _____

TO: Kawartha Family Court Assessment Service
349A George St. N., Suite 205
Peterborough, ON
K9H 3P9

RE: _____

_____ has agreed to participate in a custody/access assessment by
(Name of Party)
Kawartha Family Court Assessment Service as ordered by the Court.

We understand that Kawartha Family Court Assessment Service has an agreement with Legal Aid whereby Section 30 Children's Law Reform Act assessments (with some exceptions) are funded at a flat rate, plus disbursements*) without prior approval by Legal Aid (**based on 1 respondent and 1 applicant**). Counsel undertakes and accepts the responsibility to bill ½ the Legal Aid flat rate as soon as we receive the assessment from KFCAS. The money will be forwarded to KFCAS by Counsel as soon as it is received from Legal Aid.

Counsel undertakes to inform KFCAS immediately if the Legal Aid Certificate provided to
_____ is cancelled.
(Name of Party)

- ❖ Disbursements, e.g. medical reports, postage, etc., will be additional costs if applicable.
- ❖ More than 3 appointments for either party will be billed at \$120.00 per hour and these costs are to be paid by the applicable party.
- ❖ Please note: Legal Aid does not pay for missed/cancelled appointments. Clients may be billed if appointments are missed/cancelled without reasonable notice.
- ❖ Any additional respondents included on the Court Order will incur an additional ½ of the Legal Aid rate.

(Signature of Party) _____ (Date) _____

(Signature of Counsel – **Must Sign**) _____ (Date) _____