

LAWYER LICENSING PROCESS – ARTICLING

Application for Abridgement based on Compassionate Grounds

Instructions:

1. All applicants must complete sections one, two, and four;
2. Only applicants who are seeking abridgements that are longer than ten days will be required to complete section three;
3. Once complete, please e-mail to articling@lso.ca.

Section One: Candidate Information

Candidate Name:

Candidate Number:

The articling office may approve an abridgement of the articling placement based on compassionate grounds for a period of up to six weeks. Compassionate grounds may include family responsibilities, prolonged illness or injury or any other ground deemed compassionate.

Granting of an abridgement, based on compassionate grounds is discretionary. The approval process takes approximately ten business days provided all required documentation is filed.

Section Two: Request Information

1. Please indicate the length of abridgement you are seeking: 1
2. Please check the box(es) most applicable to your request:

Prolonged Illness or Injury

Family Responsibilities

Financial

Other: (please specify)

¹ If candidate is requesting an abridgement of more than ten days, Section Three must be completed.

Section Three: Candidate Letter (If applicable)

A candidate letter must be provided if you are requesting an abridgement of more than ten days. Candidates who are requesting abridgements of ten days or fewer will not be required to complete the below section.

Please provide the reasons below indicating the reasons why you are requesting a compassionate abridgement. If you require more space, you may submit an additional document.

Section Four: Principal/Coordinator and Candidate acknowledgment

I have read and understood the requirements of this application. I confirm that the facts contained in this application are true. I acknowledge that the Law Society may request additional information, as required, to support my abridgement request.

Candidate Signature:

Date:

By typing your name into the signature field you agree that you are signing this form electronically and that your electronic signature is the legal equivalent of your manual signature on this form.

Principal/Coordinator*ⁱ Name :

Principal/Coordinator Signature:

Date:

By typing your name into the signature field you agree that you are signing this form electronically and that your electronic signature is the legal equivalent of your manual signature on this form.

ⁱ A coordinator may only sign on behalf of the principal if he/she has filed a Proxy User Form with the Articling Program.