## REFERENCE IN SUPPORT OF APPLICATION

## TO THE PERSONAL RIGHTS PANEL OF THE OFFICE OF THE CHILDREN'S LAWYER CHILD REPRESENTATION PROGRAM

## 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:

- a. return the form to the applicant, who will then submit this reference as part of his/her application; or
- b. send the form directly to the Office of the Children's Lawyer by email to <a href="https://occ.oc.nlm.nc.ca">OCLApplications@ontario.ca</a>, fax to 416-314-8050, or by mail to the address below.

## Address:

Office of the Children's Lawyer 393 University Avenue, 14<sup>th</sup> 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. In what ways do you think this applicant is suitable to provide legal representation for children on behalf of the Office of the Children's Lawyer?

4. Ple	ase rate this applicant on the following:				
	Attribute	Strong	Average	Weak	Do Not Know
1.	Overall professional presentation				
2.	Ability to relate to and work with:				
	a. adult clients				
	b. children				
	c. other counsel				
	d. other professionals				
3.	Interviewing skills				
4.	Writing skills				
5.	Legal knowledge				
6.	Knowledge of and experience in working with separation, divorce and family conflict				
7.	Advocacy skills				
8.	Dispute resolution skills				
9.	Reliability				
10.	Organizational and time-management skills				
11.	Professional judgment				
12.	Common sense				
13.	Follows direction and consults as necessary				

3. Do you have any concerns about the applicant's professional skills or conduct?

5. What do you consider to be the applicant's str	rengths and weaknesses?
6. Do you recommend that this applicant be app Office of the Children's Lawyer? Why?	ointed to the Personal Rights Panel of the
Do you have any other comments relevant to the Personal Rights Panel of the Office of the	
8. On occasion, we may need to contact you if mo	ore information is required
Referee Name: Position: Address:	
Phone No.: Fax No.: E-mail address:	
(Signature)	(Date)