

**Student Legal Services/
Assistance Student**

**Caseworker Application for
Access to E-Disclosure Service**

Identification of Defence Counsel Student Applicant				
Student First Name	Middle Name	Last Name	Student ID #	
Law Firm Name	Advising Lawyer Name		Law Society Bar Card ID #	
Address	Floor/Office	City	Province	Postal Code
Advising Lawyer Email		Student Email		
To obtain access to this service, you must provide a phone number to be used for log in verification. You can provide one additional phone number. Once registered, users are assigned a user ID, password and PIN.				
Primary phone number for verification				
Second phone number (optional)				

Confidentiality Agreement and Conditions of Use

I hereby apply for credentials (user ID, password and PIN) to access the E-Disclosure service. I acknowledge and agree that such credentials are confidential to me and my advising lawyer. I give an undertaking to:

1. Maintain the confidentiality of the credentials (user ID, PIN and password).
2. Only use the said service for the purposes of obtaining disclosure.

I acknowledge that failure to abide by the above undertaking may result in a refusal of access to the service.

I agree to promptly email [Alberta Justice](mailto:jsg-imt-supportdesk@gov.ab.ca) (jsg-imt-supportdesk@gov.ab.ca) of any potential confidentiality breach and/or change to the above details in the Identification of Defence Counsel Student Applicant section above. I understand this application and undertaking must be renewed annually. I understand that my firm will promptly email [Alberta Justice](mailto:jsg-imt-supportdesk@gov.ab.ca) upon withdrawal from the Student Legal Services Criminal Law Project.

Dated at _____, Alberta this _____ day of _____, 20__

Signature: _____ Verified: _____
(Please sign in the presence of the verifier)

For the Advising Lawyer:

I understand that my firm will promptly email [Alberta Justice](mailto:jsg-imt-supportdesk@gov.ab.ca) upon the termination of my role as Advising Lawyer for the Student.

Dated at _____, Alberta this _____ day of _____, 20__

Signature: _____ Verified: _____
(Please sign in the presence of the verifier)

Application Form Instructions

1. Complete the form online.
2. Once the form is completed:
 - a. Save a copy for your records.
 - b. Print and bring the form to a designated verifier in your area. You will be required to present your Alberta Law Society Identification Card and sign the form in the presence of the verifier.

OFFICE USE ONLY

Once verified, email a copy of the completed application to: jsg-imt-supportdesk@gov.ab.ca.