



Legal
Services
Society

British Columbia
www.lss.bc.ca

Strategic Case Assessment Program (SCAP) Case Management Questionnaire

SCAP applies to criminal cases where the case is scheduled for more than 20 half days of hearing (preliminary or trial).

Client name

LSS case #

Counsel name

Charges

Please attach a copy of the information(s) or indictment(s). Your request cannot be considered without a copy of the information(s) or indictment(s).

Is your client in custody?

Yes

No

Names of co-accused

Names of co-accused's counsel

Names of Crown counsel

Is this case proceeding by way of direct indictment?

Yes

No

Estimated number of court dates to complete matter	Prelim _____	Trial _____
Are court dates scheduled? If yes, provide dates	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	
Client's alleged involvement and the extent of the Crown's case against him or her <i>Please describe</i>		
Have any assets, including cash, been seized which police or Crown allege to be proceeds of crime?		
What defences will be raised? <i>Please describe the position of the defence</i>		
Are there antagonistic defences? <i>Please briefly describe</i>		

Admissions requested by the Crown or offered by the defence

Please describe

Likelihood of a plea at any stage

Please describe

Will the trial likely proceed before

Judge alone

Judge and jury

Witnesses to be called by the Crown

Police # _____ **Civilians #** _____ **Experts #** _____

If expert(s)

Provide details

Witnesses to be called by the defence

Civilians # _____ **Experts #** _____

If expert(s)

Please provide details including name of expert, why the expert is required, anticipated cost for reports, and anticipated costs to testify, including travel costs where applicable. Please attach CVs for expert witnesses.

Other defence disbursements required
(For example, investigators and transcripts)

Costs of anticipated disbursements

Transcripts	Estimate	\$ _____	Paid to date	\$ _____
Experts	Estimate	\$ _____	Paid to date	\$ _____
Other	Estimate	\$ _____	Paid to date	\$ _____

Details

Volume and type of disclosure materials

Please specify # of hard copy pages, CD Rom(s), video tapes, audio tapes, etc.

Pre trial motions

- Change of venue** **Disclosure** **Unreasonable delay**
Fitness of accused **Other**

Provide specifics

Anticipated voir dieres		
Admissibility of statements <input type="checkbox"/>	Admissibility of wiretap recordings <input type="checkbox"/>	Admissibility of similar fact evidence <input type="checkbox"/>
Admissibility of hearsay <input type="checkbox"/>	Charter challenge <input type="checkbox"/>	Interception of private communications <input type="checkbox"/>
Other <input type="checkbox"/>		
Provide specifics		
Do you anticipate either fees or disbursements exceeding \$50,000?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a need for junior counsel?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please specify the areas that will require the use of junior counsel		
<i>Preparation on specific issues, research, attendance at trial, etc.</i>		
Anticipated budget required to complete case		
General preparation (# hours)	_____	
Daily preparation (# hours per day of court)	_____	
# of anticipated court days	_____	
Counsel signature	_____	
Date	_____	