



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

6 Crescent Road, Toronto, ON Canada M4W 1T1

T: 416.961.6555 F: 416.961.5814 Toll Free: 1.800.565.4591 www.rcdso.org



LEGAL SUPPORT FOR INDIVIDUALS WHO ARE TESTIFYING AT A DISCIPLINE HEARING AND HAVE EXPERIENCED SEXUAL ABUSE AND/OR BOUNDARY VIOLATIONS

The purpose of this policy is to enhance support for complainants and individuals who may be a witness once a referral of specified allegations of professional misconduct has been made to the Discipline Committee about alleged sexual abuse and/or boundary violations of a sexual nature.

What is the purpose of the legal support?

The College recognizes that appearing before a Discipline Committee and being questioned and/or cross examined about details of alleged sexual misconduct is difficult and may result in the need for independent legal counsel. The purpose of the legal support is to provide individuals with independent advice, as requested, to help with their testimony at a discipline hearing.

Who can be the lawyer?

The lawyer will be retained by the individual and chosen by them from the roster of lawyers approved by the Registrar of the College. This lawyer will be registered with the Law Society of Upper Canada and has expertise in assisting individuals testifying about sexual abuse and boundary violations.

Does the lawyer have party status at the hearing?

The legal support program does not provide the lawyer (or the individual) with party status at the hearing or provide the right to lead evidence, cross examine or make submissions, save and except for victim impact statements.

How much funding can the complainant/individual receive from the College?

The maximum amount of funding available for this advice is \$1,000.00 per complainant/individual. The funding will be provided on a reimbursement basis, from receipts submitted, and the College will have no direct relationship with the lawyer.

How can someone apply for funding?

Once a referral of specified allegations of professional misconduct has been made to the Discipline Committee about alleged sexual abuse and/or boundary violations of a sexual nature, the complainant/individual can then complete and send in the forms enclosed or contact the College's Sexual Abuse Protocol Officer for further information.

Form A – Application for Legal Support

Form B – Declaration Form

Form C – Legal Support Reimbursement Submission



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FORM A

**APPLICATION FOR
LEGAL SUPPORT**

I _____, hereby apply for funding for legal support under the program established by the Royal College of Dental Surgeons of Ontario (“College”) and consistent with the Ministry of Health and Long Term Care initiatives, including the Sexual Abuse Task Force’s recommendations (“Program”).

I have experienced sexual abuse and/or boundary violations of a sexual nature by Dr. _____ (member of the College) while I was his/her patient.*

The time period that this abuse occurred was approximately from _____ to _____.

I confirm that I am seeking funding for legal support because I may be appearing before a Discipline Committee and may be questioned and/or cross examined about the details of the alleged sexual misconduct and/or provide a victim impact statement and the funding will not be used for any other purpose.

1. _____ shall be my lawyer, who has been approved by the College, for the purposes of the Program.
2. I confirm that I do not have a family relationship with my lawyer. I understand and agree that the term “family relationship” also includes any family relationship created through marriage.
3. I understand that a decision by the College that I am eligible for funding does not constitute a finding of guilt against the dentist named above.

I understand that any funding for legal support is always subject to the conditions and limitations applicable to the Program, as decided by the College.

I understand that funding will be provided on a reimbursement basis, from receipts submitted, up to a maximum of \$1,000.00 and the College will have no direct relationship with my lawyer.

Dated this _____ day of _____, 20 _____.

Signature of Applicant

Print name

Applicant’s contact information:

PHONE: _____

EMAIL: _____

ADDRESS: _____

*If minor, parent can complete application on behalf of child.



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FORM B

DECLARATION FORM

To be completed by the Applicant

1. I do not have any family relationship to the lawyer or any other real or perceived conflict of interest. I understand that family relationship also includes a relationship created through marriage.
2. I understand that I must choose a lawyer from the roster of lawyers approved by the Registrar of the College.
3. I understand that funding shall be on a reimbursement basis for a lawyer to be used for legal support related to my attendance or participation related to a discipline hearing involving allegation(s) of sexual abuse and/or boundary violations of a sexual nature and the funding shall not be applied directly or indirectly for any other purpose.
4. I understand that the maximum amount of funding available for this legal support is \$1,000.00 per complainant/individual. The funding will be provided on a reimbursement basis and the College will have no direct relationship with my lawyer.

DATE

SIGNATURE OF APPLICANT



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FORM C

**LEGAL SUPPORT PROGRAM
REIMBURSEMENT SUBMISSION**

In order to obtain reimbursement for independent legal advice up to a maximum amount of \$1,000.00 under the College's legal support program, the College requires the complainant/individual to submit an invoice from a lawyer chosen from the College's roster, as approved by the Registrar.

I confirm that this form provides that none of the information agreed to by me (the applicant) in the Declaration (Form B) has changed since it was originally signed. I have attached receipts for the legal support provided for reimbursement.

Signed: _____
(Applicant)

Date: _____

(Please attach receipts for legal support provided.)

If any information has changed please elaborate:

