



**Nishnawbe-Aski Legal  
Services Corporation**

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**NEW EMPLOYEE DETAIL FORM**

**Personal Information:**

First Name: Kristin Last Name: Lalonde

Date of Birth (YYYY/MM/DD): 1998/05/12

Phone #: 807-444-2220 Alt. #: \_\_\_\_\_

Email (Personal): mckee.krissy@gmail.com

**Home Address:**

49 Gunne Crescent Kenora ON P9N 3N6  
# Street City Province Postal Code

**Mailing Address (if different):**

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
P.O Box City Province Postal Code

**Employment Information:**

Start Date: Sept 5, 2023 Employee #: \_\_\_\_\_

Employment Type:

- Permanent  
 Contract

Employment Status:

- Full Time  
 Part Time  
 Casual

End Date: \_\_\_\_\_

Position: Bail Verification Worker

Salary: 54,113

Manager: Oana Cristea

Pay Band: 6

Grid: 0

**Banking & Payroll Information:**

Name of Bank: Peoples Trust Company

Account #: 218114621517

Transit #: 16001

Institution #: 621

SIN #: 667-829-519

**Tax Exemption:**

Declaration Form Attached?

- Yes Band Membership #: 3910088304  
 No - Fed/Prov Tax Forms Attached

**Pension and Benefits:**

Pension Eligibility Date: December 5, 2023

Benefit Eligibility Date: December 5, 2023

**Finance Only:**

Date Received: \_\_\_\_\_ Entered into Adagio Systems by: \_\_\_\_\_



# NISHNAWBE - ASKI Legal Services Corporation

## Employee Information

### 1. Personal Information

Full Given Name: Lalonde Kristin L  
*Last First M Initial.*

Address: 49 Gunne Cres.  
*Street Address Box #*

Kenora ON P9N3N6  
*City/Town Province Postal Code*

Home Phone: ( ) Alternate Phone: (807) 444-2220

Primary Email: mckee.krissy@gmail.com DOB 05 / 12 / 1998  
*M/D/Y*

SSN #: 667 829 519 Status #: 3910088304

### 2. Job Information

Title: Bail verification worker Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Phone: ( ) Cell Phone: ( )

Start Date: \_\_\_\_\_ Benefits \_\_\_\_\_ Pension: Y / N \_\_\_\_\_

Term Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

### 3. Emergency Contact Information

Full Name: Lalonde Dominic M  
*Last First M Initial.*

Address: 49 Gunne cres.  
*Street Address Box #*

Kenora ON P9N3N6  
*City/Town Province Postal Code*

Primary Phone: (807) 464-1161 Alternate Phone: ( )

Relationship: Spouse

# Nishnawbe-Aski Legal Services Corporation

## Acknowledgement



**\*\*I hereby acknowledge that I have received a copy of the Nishnawbe-Aski Legal Services Corporation, Employee Manual containing the Personnel and Harassment Policies of the Corporation.\*\***

**\*\*I hereby acknowledge that I have read and understood the Employee Manual.\*\***

Kristin Lalonde

Print Name

*Kristin Lalonde*

Signature

Dated this 29 day of August, 2023

## Determination of Exemption of an Indian's Employment Income

To make sure correct information is entered, we suggest that this form be filled out by the employer, in the presence of the employee.

As an employer, you can use this form to help determine if an employee's employment income is exempt from income tax. The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Read the instructions on the next page for more information on how to fill out this form.

<b>Employee identification</b>		
Last name (please print) <b>Lalonde</b>	Usual first name and initials <b>Kristin L</b>	Social insurance number <b>6   6   7   8   2   9   5   1   9</b>
Residential address including postal code <b>49 Gunne Cres, Kenora, Ontario. P9N3N6</b>		
Is the employee's residence located on a reserve? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		

<b>Indian status</b>	
Is the employee an Indian as defined in the Indian Act? <span style="float: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></span>	
If yes, was the employee an Indian as defined in the Indian Act:	
<input checked="" type="checkbox"/> prior to 2011?	
<input type="checkbox"/> because of Bill C-3 (also known as the Gender Equity in Indian Registration Act)? Only income earned on or after January 31, 2011, may be exempt from tax.	
<input type="checkbox"/> because of the creation of the Qalipu Mi'kmaq First Nation Band? Only income earned on or after September 22, 2011, may be exempt from tax.	

<b>Type of exemption *1</b>	
The employee performs employment duties:	
<input type="checkbox"/> 1. entirely on a reserve <input type="checkbox"/> 2. entirely off a reserve <input type="checkbox"/> 3. partially on and partially off a reserve	
If you chose 3, indicate the percentage of the employment duties the employee performs on a reserve: _____ %	
All of the employee's employment income is exempt from income tax if any one of the following situations applies. Check the appropriate box.	
<input type="checkbox"/> the employee performs <b>at least 90%*2</b> of the employment duties on a reserve (guideline 1);	
<input type="checkbox"/> the employee and the employer reside on a reserve (guideline 2);	
<input type="checkbox"/> the employee performs <b>more than 50%</b> of the employment duties on a reserve, and the employee or the employer resides on a reserve (guideline 3); or	
<input type="checkbox"/> the employee's employment duties are connected to the employer's non-commercial activities carried on exclusively for the benefit of Indians who, for the most part, reside on reserves and the employer resides on a reserve; <b>and</b> the employer is:	
<ul style="list-style-type: none"> <li>• an Indian band that has a reserve or a tribal council representing one or more Indian bands that have reserves; <b>or</b></li> <li>• an Indian organization controlled by one or more such bands or tribal councils and is dedicated exclusively to the social, cultural, educational, or economic development of Indians who, for the most part, reside on reserves (guideline 4).</li> </ul>	
<small>*1 The type of exemption is based on the Indian Act Exemption for Employment Income Guidelines. For a full description of the Guidelines including examples of exempt income and term definitions, go to <a href="http://canada.ca/en/revenue-agency/services/aboriginal-peoples/indian-act-exemption-employment-income-guidelines">canada.ca/en/revenue-agency/services/aboriginal-peoples/indian-act-exemption-employment-income-guidelines</a>.         </small>	
<small>*2 Proration rule may apply: When less than 90% of the duties of an employment are performed on a reserve and the employment income is not exempted by another guideline, the exemption is to be prorated. The exemption will apply to the portion of the income related to the duties performed on the reserve.         </small>	

<b>Employee certification</b>	
I certify that the information given on this form is correct and complete.	
Signature <i>Kristin Lalonde</i>	Date <u>August 29, 2023</u>

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](http://canada.ca/cra-info-source).



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION  
OATH OF CONFIDENTIALITY**

As a person working at Nishnawbe-Aski Legal Services Corporation (“NALSC”) you are privy to confidential material. Confidentiality of client and NALSC information is essential. While at NALSC, you shall not disclose to any member of the public any confidential information obtained during his/her position with NALSC.


All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC’s policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed at any time with anyone within NALSC, except for NALSC related business.

Confidentiality also applies to information about financial and personnel matters or any other confidential information that is attained during your position with NALSC. We are entrusted with the confidential records of clients and of personnel throughout the Corporation and are always expected to comply with NALSC’s Oath of Confidentiality Agreement.

**EMPLOYEE STATEMENT OF NON-DISCLOSURE**

I have read and understand this statement. I agree to abide by NALSC’s Oath of Confidentiality Agreement as a condition of my position at Nishnawbe-Aski Legal Services Corporation. Unauthorized disclosure of any confidential material may result in my immediate discharge from my position and may result in further legal action.

I acknowledge that I am bound by the terms of this agreement and further, that these confidentiality requirements continue after my position with NALSC has ceased.

  
\_\_\_\_\_  
SIGNATURE

August 23, 2023  
DATE

Kristin Lalonde  
\_\_\_\_\_  
PRINT FULL NAME

  
\_\_\_\_\_  
SIGNATURE OF WITNESS

August 23, 2023  
DATE

Dominic Lalonde  
\_\_\_\_\_  
PRINT FULL NAME OF WITNESS

**Filling out Form TD1**

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

**Total income is less than the total claim amount**

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**For non-resident only (Tick the box that applies to you.)**

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2023?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

**Provincial or territorial personal tax credits return**

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

**Note:** You may be able to claim the child amount on Form TD1SK, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2023:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](https://canada.ca/taxes-northern-residents).

**Additional tax to be deducted**

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

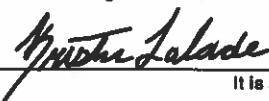
To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

**Certification**

I certify that the information given on this form is correct and complete.

Signature



It is a serious offence to make a false return.

Date Sept 7, 2023

**Filling out Form TD1ON**

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount only.

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

**Total income is less than the total claim amount**

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD.

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

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Signature



Date

Sep 7, 2023

It is a serious offence to make a false return.





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OATH OF CONFIDENTIALITY**

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All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC’s policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed at any time with anyone within NALSC, except for NALSC related business.

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**EMPLOYEE STATEMENT OF NON-DISCLOSURE**

I have read and understand this statement. I agree to abide by NALSC’s Oath of Confidentiality Agreement as a condition of my position at Nishnawbe-Aski Legal Services Corporation. Unauthorized disclosure of any confidential material may result in my immediate discharge from my position and may result in further legal action.

I acknowledge that I am bound by the terms of this agreement and further, that these confidentiality requirements continue after my position with NALSC has ceased.

*Kristin Lalonde*  
SIGNATURE

August 23, 2023  
DATE

Kristin Lalonde  
PRINT FULL NAME

*K*  
SIGNATURE OF WITNESS

August 23, 2023  
DATE

Dominic Lalonde  
PRINT FULL NAME OF WITNESS



Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name <b>Lalonde</b>	First name and initial(s) <b>Kristin L</b>	Date of birth (YYYY/MM/DD) <b>1998/05/12</b>	Employee number
Address <b>49 Gunne cres. Kenora, ON</b>	Postal code <b>P9N3N6</b>	For non-residents only Country of permanent residence	Social insurance number <b>667829519</b>
<p><b>1. Basic personal amount</b> – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2023, see "More than one employer or payer at the same time" on page 2.</p>			
<p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2023, and your net income will be \$43,127 or less, enter \$5,793. You may enter a partial amount if your net income for the year will be between \$43,127 and \$81,747. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2023 Ontario Personal Tax Credits Return.</p>			
<p><b>3. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter <b>whichever is less</b>: \$1,641 or your estimated annual pension.</p>			
<p><b>4. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,586.</p>			
<p><b>5. Spouse or common-law partner amount</b> – Enter \$10,075 if you are supporting your spouse or common-law partner and <b>both</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• Your spouse or common-law partner lives with you</li> <li>• Your spouse or common-law partner's net income for the year will be \$1,007 or less</li> </ul> <p>You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.</p>			
<p><b>6. Amount for an eligible dependant</b> – Enter \$10,075 if you are supporting an eligible dependant and <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• You do <b>not</b> have a spouse or common-law partner, or you <b>have</b> a spouse or common-law partner who does not live with you and who you are not supporting or being supported by</li> <li>• The dependant is related to you and lives with you</li> <li>• The dependant's net income for the year will be \$1,007 or less</li> </ul> <p>You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.</p>			
<p><b>7. Ontario caregiver amount</b> – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older who is your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> <li>• child or grandchild</li> <li>• parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada</li> </ul> <p>To calculate this amount, fill out the line 7 section of Form TD1ON-WS.</p>			
<p><b>8. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>			
<p><b>9. Amounts transferred from a dependant</b> – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.</p>			
<p><b>10. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>			



### 2023 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name <b>Lalonde</b>		First name and initial(s) <b>Kristin L</b>		Date of birth (YYYY/MM/DD) <b>1998/05/12</b>	Employee number
Address <b>49 Gunne cres. Kenora, ON</b>			Postal code <b>P9N3N6</b>	For non-residents only Country of permanent residence	Social insurance number <b>667829519</b>

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$15,000. However, if your net income from all sources will be greater than \$165,430 and you enter \$15,000, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$165,430, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2023 Personal Tax Credits Return, and enter the calculated amount here.

**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,499 for each infirm child born in 2006 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

**3. Age amount** – If you will be 65 or older on December 31, 2023, and your net income for the year from all sources will be \$42,335 or less, enter \$8,396. You may enter a partial amount if your net income for the year will be between \$42,335 and \$98,309. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less: \$2,000 or your estimated annual pension income.

**5. Tuition (full-time and part-time)** – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

**6. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,428.

**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is infirm) and your spouse's or common-law partner's estimated net income for the year if both of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is infirm)

In all cases, go to line 9 if your spouse or common-law partner is infirm and has a net income for the year of \$26,782 or less.

**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your eligible dependant is infirm) and your eligible dependant's estimated net income for the year if all of the following conditions apply:

- You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your dependant is infirm and you cannot claim the Canada caregiver amount for infirm children under 18 years of age for this dependant)

In all cases, go to line 9 if your dependant is 18 years or older, infirm, and has a net income for the year of \$26,782 or less.

**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section if, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$26,782 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

**10. Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$17,499) whose net income for the year will be \$18,783 or less, enter \$7,999. You may enter a partial amount if their net income for the year will be between \$18,783 and \$26,782. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

**13. TOTAL CLAIM AMOUNT** – Add lines 1 to 12.

Your employer or payer will use this amount to determine the amount of your tax deductions.

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# Nishnawbe-Aski Legal Services Corporation

## INDIGENOUS BAIL WORKER

### Job Description

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**Title: Indigenous Bail Worker**

**Dept.: Bail**

**Reports to: Indigenous Bail  
Supervisor**

**JD #:**

**REVIEWED: June 6, 2023**

**Approved:**

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### Summary

This is a full-time position for 35 hours per week. This position is responsible for creating release plans, supervising bail court orders, enforcing release conditions, and providing support to clients in a culturally-based approach.

### Core Competencies:

- Two years work experience in a social or justice services environment and/or post-secondary education in social services, law, politics, or Indigenous studies.
- Proven ability to work with individuals from the community.
- Knowledge of historic and current forms of colonialism, systemic discrimination, displacement, and barriers facing Indigenous communities.
- Ability to articulate criminal and social justice issues.
- Experience in counselling, crisis intervention, and trauma-informed care is an asset.
- Fluency in an Indigenous language is an asset.
- Strong computer literacy skills and ability to use MS Office Software.
- Flexibility to work evenings, weekends, and statutory holidays as required.
- Criminal record check is required.
- Ability to speak Cree, Oji-Cree, Cree or Ojibway an asset.

### Job Duties

- Develop release plans for bail court
- Attend detachment, court, jail, or correctional Centre where clients are held in custody pending release on bail.
- Receive referrals from Crown, Justice of the Peace, Duty Counsel and Defense Counsel.
- Meet with clients in custody and complete intake interview.
- Review intake interview and contact collaterals to verify information provided by client.
- Assess eligibility for bail supervision using verified information, intake information, and client's ability to understand obligations of release conditions and the bail program.
- Draft verification report containing bail plan and eligibility for bail supervision.

## Requirements

- Two years work experience in a social or justice services environment and/or post-secondary education in social services, law, politics, or Indigenous studies.
- Proven ability to work with individuals from the community.
- Knowledge of historic and current forms of colonialism, systemic discrimination, displacement, and barriers facing Indigenous communities.
- Ability to articulate criminal and social justice issues.
- Experience in counselling, crisis intervention, and trauma-informed care is an asset.
- Fluency in an Indigenous language is an asset.

## Reporting

- The Indigenous Bail Worker is responsible to the Indigenous Bail Supervisor for day-to-day activities and for overall work performance.

## Meetings, Training and Outreach

- Attend all meetings, telephone and video conferences, committees, as directed.
- Attend professional development, training, workshops, education, as directed.
- Develop positive relationships with justice providers, defense counsel, police authorities, community leadership, duty counsel, crown attorneys, probation, parole and more. Keep program coordinator, supervisor, manager, or director apprised.

## File maintenance

- Ensure all paper and electronic files are maintained up to date.
- Ensure all client information is kept confidential and that client files are up to date and complete.
- Follow directives, guidelines, and policies for records management and file keeping policies.

## Additional Duties and Responsibilities

- Complete all additional responsibilities and duties as assigned.
- Other duties as assigned.

## SALARY RANGE

Pursuant to current wage grid.

---

## CERTIFICATIONS:

I certify that I have read and understand the responsibilities assigned to this position.

  
Employee Signature

Kristin Lalonde  
Printed Name

August 29, 2023  
Date



# Nishnawbe-Aski Legal Services Corporation

## INDIGENOUS BAIL WORKER

### Job Description

---

**Title: Indigenous Bail Worker**

**Dept.: Bail**

**Reports to: Indigenous Bail  
Supervisor**

**JD #:**

**REVIEWED: June 6, 2023**

**Approved:**

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- Knowledge of historic and current forms of colonialism, systemic discrimination, displacement, and barriers facing Indigenous communities.
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## Meetings, Training and Outreach

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## SALARY RANGE

Pursuant to current wage grid.

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## CERTIFICATIONS:

I certify that I have read and understand the responsibilities assigned to this position.

  
Employee Signature

Kristin Lalonde  
Printed Name

August 29, 2023  
Date



Services aux  
Autochtones Canada

Indigenous Services  
Canada

**DOCUMENT DE CONFIRMATION TEMPORAIRE DE L'INSCRIPTION  
TEMPORARY CONFIRMATION OF REGISTRATION DOCUMENT**

2023-02-15

(Date de délivrance / Issuance Date)  
(AAAA-MM-JJ / YYYY-MM-DD)

**Avis au fournisseur de service / Notice to Service Provider**  
Le présent document confirme que / This document confirms that

KRISTIN LEIGH MCKEE

(Nom / Name)

date de naissance / born

1998-05-12

(Date)  
(AAAA-MM-JJ / YYYY-MM-DD)

est inscrit (inscrite) à titre d'Indien(ne) en vertu de la Loi sur les Indiens en date du / is registered as an Indian under the Indian Act as of

1998-10-26

(Date)  
(AAAA-MM-JJ / YYYY-MM-DD)

avec le numéro d'inscription / with the registration number

3910088304

(Numéro / Number)

Le présent document peut servir de preuve d'inscription jusqu'au / This document may be used as confirmation of registration until

2024-02-15

(Date d'expiration / Expiration Date)  
(AAAA-MM-JJ / YYYY-MM DD)

**DOCUMENT NUL SI PHOTOCOPIÉ OU MODIFIÉ / PHOTOCOPY OR ALTERATION VOIDS THIS DOCUMENT  
DOCUMENT NON VALIDE APRÈS LA DATE D'EXPIRATION / DOCUMENT NOT VALID AFTER EXPIRATION DATE**

A cette date, le Certificat sécurisé de statut d'Indien sera émis et devrait servir de preuve d'inscription et faciliter l'accès aux prestations et aux services

By that date, a Secure Certificate of Indian Status will be issued and should be used by the registered Indian as confirmation of registration and to facilitate access to benefits and services

  
JOHN GORDON

Indian Registrar / Registraire des Indiens  
Ottawa, ON K1A 0H4

Sceau du registraire des Indiens / Seal of the Indian Registrar  
Nul si le sceau n'est pas en relief / Do not accept if seal is not raised

► Pour de plus amples informations, appeler au 1-800-567-9604  
TTY : 1-866-553-0554 ou consulter le site Web [www.aadnc-aandc.gc.ca](http://www.aadnc-aandc.gc.ca)

► For more information, please call 1-800-567-9604  
TTY: 1-866-553-0554 or visit [www.aadnc-aandc.gc.ca](http://www.aadnc-aandc.gc.ca)



## Direct Deposit

To set up a Direct Deposit with your employer, provide your account information along with the amount of each paycheck you would like deposited into your KOHO account.

### Account Information / Void Cheque

Name	<b>Kristin Lalonde</b>
Institution Name	<b>Peoples Trust Company</b>
Institution Number	<b>621</b>
Transit Number	<b>16001</b>
Account Number	<b>218114621517</b>

The Institution Name must be 'Peoples Trust Company' because KOHO is partnered with Peoples Trust, a federally recognized Trust Company based in Vancouver, B.C., to hold funds for us.

### Pre-Authorized Debit (PAD)

A Pre-Authorized Debit (PAD) is great way for you to save time with bill payments, and may help you avoid late fees. To set up a PAD provide your account information from the fields above to the company you want to set up pre-authorized debits with.



LALONDE,  
 KRISTIN, LEIGH  
 923 ELEVENTH AVE  
 KENORA, ON, P9N 3K7

4a NUMBER/  
 NUMÉRO **L0313 - 43769 - 85512**  
 4b ISS/DEL. 2021/08/09 4b EXP/EXP. 2026/08/06

6 DO/REF. **HB1861503** 16 HGT/HAUT. **167 cm**

15 SEX/SEXE **F**  
 5 CLASS. **G**  
 CATEG.

L0313-43769-85512  
 1998/05/12  
*Kristin Mckee*

*Kristin Lalonde*  
 12 REST/ COND.  
 1998/05/12

3 DOB/ODN

Government  
 of Canada

Gouvernement  
 du Canada



SOCIAL NUMÉRO  
 INSURANCE D'ASSURANCE  
 NUMBER SOCIALE

**667 829 519**

**KRISTIN LEIGH MCKEE**