**LEGAL AID ACT 1986**

**Legal Aid Report Form and Request for Amendment/Extension**

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| Client Name | Legal Aid Certificate Number | Legal Aid Certificate Date |

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| --- | --- |
| Name of Advocate | Advocate’s Address |
| Advocate’s Firm |
| Secure email |

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| Matter Type  Please tick   |  |  |  |  | | --- | --- | --- | --- | | Care Proceedings |  | Maintenance |  | | Contract |  | Personal Injury |  | | Crime |  | Property |  | | Debt |  | Tribunal |  | | Divorce |  | If none of the above describe the matter correctly please select: | | | Employment |  | Civil general |  | | Inquest |  | Family general |  | | | |
| Stage Reached   |  |  |  |  | | --- | --- | --- | --- | | Final Order of Divorce |  | Court Welfare Officer report |  | | Initial Directions |  | Pre-trial directions |  | | Discovery/ Disclosure |  | Other |  | | | |
| What further resources do you require and why? | | |
| How many hours have been granted to date? | | |
| Documents Enclosed   |  |  |  |  | | --- | --- | --- | --- | | Statement of means |  | Orders |  | | Court Welfare officer report |  | Pleadings |  | | Other report |  | Other (please specify below) |  | | | |
| Additional Time Required hrs  Rate  Senior Advocate Junior Advocate Paralegal | | |
| Disbursements to be incurred – How  Court fees  Experts – please submit quotes | | |
| Do the prospects of success remain greater than 50%?  If no, please give your reasons why the action should continue if the chances of success are less than 50%. | Yes | No |
| Is the client co-operating with you and providing reasonable instructions? | Yes | No |
| Would a fee paying client of modest means take the steps requested herein? | Yes | No |
| Details of urgent deadlines | | |
| **Signed**  Advocate for Assisted Person | | |
| **Date** | | |

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| **Certifying Officer** |
| **Amendment/Extension Granted**  Yes No |
| **Additional Time Allowed New Total Time Allowed** |
| **Steps to be Undertaken** |
| **Disbursements to be incurred** |
| **Pre-trial Reporting Requirement** (need to specify costs up to and including advocacy and preparation) |
| **Signed**  Legal Aid Certifying Officer |
| **Date** |