**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 |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Matter TypePlease 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  |  |

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| 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 hrsRateSenior Advocate Junior Advocate Paralegal |
| Disbursements to be incurred – HowCourt feesExperts – 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** |

|  |
| --- |
| **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** |