

Application for amendment

CLEAR DATA

PRINT FORM



AMND/APP

This form is to be used for all legal aid types other than advice and assistance.

Before you return this form to the Board

- check that all the necessary information is given on the form and all questions have been answered
- remember to include your practitioner code and your firm's branch code
- if the application is for criminal legal aid, make sure you also give your firm's code number
- make sure that you and the applicant have both signed and dated the form, where appropriate

Please note: The applicant's name will automatically appear at the top or bottom of every page of the form. This is for the Board's use only

- please do not alter this field.



SCOTTISH LEGAL AID BOARD

APPLICATION FOR AMENDMENT OR
EXTENSION OF A GRANT OF, OR AN
APPLICATION FOR, LEGAL AID

AMEND



PART A - THE APPLICATION

1. Please give the legal aid case reference number to which this application relates

2. Please give the date of notification by the Board of the grant of legal aid

<i>Day</i>	<i>Month</i>	<i>Year</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Applicant's forename(s)

4. Applicant's surname

5. Applicant's personal legal aid reference number (if known)

6. Applicant's National Insurance number (if known)

PART B - THE PROCEEDINGS

1. Please describe the proceedings in relation to which legal aid has been granted or applied for

2. Please indicate the stage presently reached in those proceedings

3. Please give the date when the case is next in court *e.g. for debate, proof, trial, appeal, etc.*

<i>Day</i>	<i>Month</i>	<i>Year</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART C - DETAILS OF SOLICITOR SUBMITTING THIS APPLICATION

Solicitor acting directly for the applicant

Edinburgh or other agent instructed to act

1. Practitioner's code number

2. Branch code

5. Practitioner's code number

6. Branch code

3. Firm's code number

7. Firm's code number

4. Your reference

Telephone number

Name
Firm
Address
Postcode
DX no/exch

8. Your reference

Telephone number

Name
Firm
Address
Postcode
DX no/exch

THIS FORM MAY BE USED FOR ALL LEGAL AID TYPES OTHER THAN ADVICE AND ASSISTANCE

Signature of solicitor

Date

AMND/APP

PART D - AMENDMENT OR EXTENSION SOUGHT

1. Please indicate whether the change sought relates to

the details of the applicant

Yes

No

the opponent(s) involved or to be involved

Yes

No

the proceedings or the court concerned

Yes

No

some other matter

Yes

No

2. Please specify what change is required

3. Please explain why the change is considered necessary

Signature of solicitor

Date