

Notification of solicitor ceasing to act

CLEAR DATA

PRINT FORM



CEASE/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.



NOTIFICATION OF SOLICITOR CEASING TO ACT

CEASE ACTING

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

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
3. Applicant's forename(s)
4. Applicant's surname
5. Applicant's personal identifier (if known)
6. Applicant's National Insurance number (if known)

PART B - NOTIFICATION OF SOLICITOR CEASING TO ACT

Notification is now given that the solicitor(s) specified below has(have) ceased to act for the applicant named above in the circumstances described below.

1. Please give the date when the case is next in court e.g. for debate, proof, trial, appeal, etc.
2. Was the decision that you should cease acting made at your own initiative? at the applicant's request?
3. Please explain the circumstances (so far as known to you)
4. If the application for legal aid is still pending, is it intended (so far as known to you) that the Board should continue to consider it?

PART C - DETAILS OF SOLICITOR(S) CEASING TO ACT

Solicitor acting directly for the applicant / Edinburgh or other agent instructed to act
1. Practitioner's code number
2. Branch code
3. Firm's code number
4. Your reference
Telephone number
Name
Firm
Address
Postcode
DX no/exch

Signature of solicitor Date

Continued from B3 overleaf