

# FAMILY LAW MATTERS

## Request for non-panel member to appear

Please read **Part 4** of the LAWA [Private Practitioner Manual](#) (PPM) before submitting your request. **Preference** must be given to briefing another panel member from the relevant [Family Law Panel](#).

Date of request

Assigned Practitioner seeking this approval

### FILE DETAILS

Client name  File number

Matter Type/s

Relevant panel/s for this grant

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Family Law        | <input type="checkbox"/> Dispute Resolution                   | <input type="checkbox"/> DR Chair (Children) |
| <input type="checkbox"/> Protection & Care | <input type="checkbox"/> ICL and Separate Representative List | <input type="checkbox"/> DR Chair (Property) |
| <input type="checkbox"/> Restraining Order |   |  |

With reference to **clause 21.3** of the [PPM](#), approval is sought for  to appear as follows in relation to this grant of aid:

Court Type  Date of appearance

**Nature of appearance** - please select all that are applicable.

- | Family Law   | Protection & Care  | Restraining Orders   |
|--|--|--|
| <input type="checkbox"/> Directions/monitoring hearing                       | <input type="checkbox"/> First appearance                            | <input type="checkbox"/> Interim order application hearing |
| <input type="checkbox"/> Case assessment conference                          | <input type="checkbox"/> Mention only                                | <input type="checkbox"/> Mention hearing                   |
| <input type="checkbox"/> Interim hearing                                     | <input type="checkbox"/> Pre-hearing conference                      | <input type="checkbox"/> Call over                         |
| <input type="checkbox"/> Late Intervention DR                                | <input type="checkbox"/> Child protection mediation style conference | <input type="checkbox"/> Final order directions hearing    |
| <input type="checkbox"/> Return of subpoena hearing                          | <input type="checkbox"/> Final hearing                               | <input type="checkbox"/> Final order hearing (trial)       |
| <input type="checkbox"/> Readiness hearing                                   | <input type="checkbox"/> Other (please provide details)              | <input type="checkbox"/> Other (please provide details)    |
| <input type="checkbox"/> Status hearing                                      |  |  |
| <input type="checkbox"/> Trial   |  |  |
| <input type="checkbox"/> Other (please provide details) <input type="text"/> |  |  |

Please provide details about the reason/s why the assigned practitioner cannot attend.

Please provide details about the reason/s why a panel member cannot be briefed.

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Is there likely to be any legal or factual argument or issues relating to the matter? If so, please provide details.

Yes

No

You must submit this request by email to [compliance@legalaid.wa.gov.au](mailto:compliance@legalaid.wa.gov.au) at your earliest opportunity.

If the matter is listed within 24 hours, please call (08) 9261 6543 or (08) 9261 6309 to confirm that this form has been received.

You will be advised via email if your request has been approved, refused, or if additional information is required. Details of an approval must be retained and provided in accordance with Part 5 of the PPM (reporting and record keeping) and Part 6 of the PPM.

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### Additional Information

Please use the space provided below to include any additional details in relation to the request.