Non-Panel Practitioner Request Form

All fields on this form are mandatory. Please provide a response to each question.

Please email your completed form to compliance@legalaid.wa.gov.au

***Assigned Practitioner seeking approval:**

***Assigned Practitioner's email address:**

File Details

*Client's Full Name

*File Number or Matter Number (MN)

With reference to clause 21.3 of the Private Practitioner Manual, approval is sought for the following practitioner with the stated number of years post-admission experience (PAE) to appear in relation to this grant of aid:

*Proposed non-panel practitioner:

*Relevant PAE (years):

*Email address of the proposed non-panel practitioner:

*Area of Law

- [ ] Criminal Law
- [ ] Family Law

Reason for request

*Please provide reasons why the assigned practitioner cannot attend.

*Please provide reasons why another practitioner on this panel cannot be briefed.

***Is there likely to be any factual or legal argument at the hearing?**

- [ ] Yes
- [ ] No

***Will you or a panel practitioner be available by phone to assist the proposed non-panel practitioner if complexity arises?**

- [ ] Yes
- [ ] No

***Please provide any additional information relevant to this request**

***Person submitting this request:**

*requires an answer